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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G506 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 03/26/2012 |
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| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE 7085 ALLISONVILLE RD INDIANAPOLIS, IN 46220 |
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| W0000 | <p>This visit was for the investigation of complaint #IN00105698 which resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00105698: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W104, W122, W149, W154 and W331.</p> <p>Dates of Survey: 3/16/12, 3/19/12, 3/20/12, 3/21/12, 3/22/12 and 3/26/12.</p> <p>Facility Number: 001020 Provider Number: 15G506 AIMS Number: 100244980</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/29/12 by Ruth Shackelford, Medical Surveyor III.</p> | W0000 | | |

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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| W0104 | <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 observation, interview and record review for 2 of 4 sampled clients (A and B) and 1 additional clients (H), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent neglect of a client in regards to injuries of unknown origin and to put in place a system to communicate injuries of unknown origin and allegations of abuse with the day service provider. The governing body failed to exercise general policy and operating direction to investigate injuries of unknown origin, allegations of client to client abuse and to conduct thorough investigations.</p> <p>Findings include:</p> <p>Observations were conducted at the facility's day services site on 3/16/12 from 11:35 AM through 12:35 PM. Client A was observed throughout the observation period. Client A had an oval shaped brown to gray bruise that was 1.50 inches in width across the top of her index and middle finger knuckles by 3.0 inches to the joint of her wrist and left hand. Client A's left wrist was swollen on the top</p> | W0104 | <p>A Body assessment for Client A was implemented twice daily to assist in determining when and how Client A may be acquiring injuries. Body assessment documents will be reviewed by an Administrative staff at least twice weekly. Client A's Interdisciplinary Team will meet weekly to review and evaluate the Body Assessments reports and any Immediate Investigation of injury forms and develop further recommendations as appropriate. The Program Director will be retrained on the development of Risk Management Assessment and Plans to include what is considered a risk and how and when to develop protocols and/or revise Risk Plans. Client A's Risk Management Assessment and Plan will be revised to reflect the risk of osteopenia, history of bruising, and an unbalanced gait which may cause falls. The Facility Nurse has developed a fall protocol for Client A. Monthly, the Quality Assurance Specialist will complete a random review of Risk Management Assessment and Plans and protocols to ensure needed protocols are in place. The Facility Nurse will request a Physical Therapy order with the intention of finding a way for to ambulate in a safer</p> | 04/25/2012 | | | |

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| | <p>index finger knuckle, the middle finger knuckle and the area in between the two knuckles. Client A had a 0.25 inch wide by 1.0 inch long tan bruise extending from her left lower lip across her chin. Client A had an oval shaped bruise black to light purple in color that was 1.0 inch wide by 1.25 inches in length located 3.0 inches below the crease of her elbow in the center of her right forearm with the right palm facing up. Client A had a circular dark black, blue with purple 3.0 inch by 3.0 inch bruise 4.0 inches below her hip on the top of her inner left thigh.</p> <p>Client A was interviewed on 3/16/12 at 12:10 PM. Client A pointed to her left wrist and arm and stated, "[Client B]." [Client B] push me." Client A then pointed to her lip and stated, "[Client B] pushed me down." Client A was then asked when client B pushed her down, client A stated, "Last Thursday (3/8/12). [Client B] push me down in the bathroom." Client A then rolled up the pant leg of her sweat pants and pointed to her thigh area and stated, "[Client B]." When asked if she reported the bruises and client B pushing her, client A stated, "yes" but was unable to articulate whom she informed.</p> <p>Confidential interview (CI) A stated, "[Client A] has been wanting to talk to</p> | | <p>manner. Indiana MENTOR has general operating procedures for Nursing Assessment of non-life threatening injuries is put into a written document to ensure consistency of implementation. The Nursing Supervisor will ensure these procedures are put into written form and the Facility Nurse is trained on these procedures. The Nursing Supervisor will complete a random audit of 10% of the medical files/documentation maintained by this Nurse by 6-30-12 and another 10% by 9-30-12. Direct Professional Staff working in this home will be retrained the definition of an injury unknown origin and the requirements for reporting and documenting all injuries. All injuries of unknown origin will be investigated within business 5 days of knowledge of the incident. All Direct Support Professionals, Home Manager, and Program Director will be retrained on communicating significant events to Day Service staff. Indiana MENTOR Administrative staff will retrain Day Service staff regarding the need to report injuries and events by cell phone to the Area Director. Day Service staff will be requested to follow-up with an e-mail when an injury or event is reported to the Area Director. Monthly conference calls will be scheduled with Day Service staff and Indiana MENTOR Administrative staff.</p> | | | | |

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| | someone about her hand and [client B]. [Client A] came in last week, I think it was Thursday (3/8/12) with her hand badly bruised and swollen. We thought it was broken. [Client A] kept saying [client B] pushed me! [Client B] pushed me down! I think [group home staff] said she had fallen but [client A] keeps saying that [client B] pushed her." When asked if client B was in attendance at the day program, CI A indicated he was assigned to a separate building and was client A's housemate/peer. When asked if client A had any history of falls, CI A indicated client A walked with her head bent forward with her body leaning forward but had no falls at the day services. When asked if client A was able to communicate or report issues or concerns, CI A stated, "[Client A] can typically let us know when something is wrong or she is in pain. [Client A] may get the days and people confused but generally lets someone know if she is upset." When asked if the client A's injuries were reported to anyone, CI A stated, "Yes, we really thought her hand was broken or maybe fractured. We reported it to the [Day Services Administrative Staff (DSAS) #1] to see if she could go to the emergency room or get it taken care of. It really looked bad." When asked if client A had reported any other injuries on 3/8/12 in addition to her left wrist and | | The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director. The Area Director will take corrective action if needed when investigation requirements have not been met. In addition the Area Director and/or the Quality Assurance Specialist will review all investigations completed by this Program Director and make recommendations as appropriate. The Program Director will be retrained on Indiana MENTOR's policy for an emergency teaming within 5 days of a major incident in order for the IDT to explore alternate interventions. The Area Director and/or the Quality Assurance Specialist will review all BDDS incident reports and investigation summaries to ensure an IDT is held as required following a major incident. The Program Director will be retrained on what should be addressed as part of the Behavior Development Plan. The Program Director will | | |

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| | <p>chin area, CI A stated, "No, I had not seen the bruise on her leg or arm. I don't know where those came from."</p> <p>CI B stated, "[Client A] came to work last week around Thursday (3/8/12) with her hand and lip bruised and swollen. [Client A] said, '[client B] pushed me down'. [Client A] hasn't fallen recently here. I am not sure where the other bruises came from. I think [DSAS #1] called [facility] to see if [client A] could be taken to the emergency room or if they knew about her hand being like it was."</p> <p>Interview with DSAS #1 on 3/16/12 at 12:41 PM indicated DCS A and DCS B had reported the condition of client A's hand to her. DSAS #1 stated, "I saw [client A's] hand and was afraid it was fractured or broken. It was badly bruised and swollen up. It looks better now but it was a lot more swollen... I started making phone calls to the [DCS #1] and the [(HM) Home Manager #1] and tried to contact [(PD) Program Director #1] but was only able to leave a message at first. They called me back and said 'staff was coming back to pick [client A] up to take her to the doctor.' I think [client A] went the same day around 1:00 PM but I am not sure who made the appointment. We had some concerns about [client A] coming in to work with bruises about a</p> | | <p>contact the Behavior Specialist to have false reporting added to Client A's Behavior Development Plan. Responsible Staff: Program Director, Area Director, Quality Assurance Specialist</p> | | | | |

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| | <p>year ago but I don't recall anything more recent. It seems like [client A] usually complains about [client B] or her roommate [client D]." When asked if client A had any recent falls at the day services, DSAS #1 stated, "No, not that I am aware of." When asked if client A had bruises in addition to her left wrist and her chin, DSAS #1 indicated she was unaware of any additional bruises or injuries.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/16/12 at 2:49 PM. The review indicated the following BDDS reports:</p> <p>-BDDS report dated 1/20/12, "When [client B] arrived he reported to staff that his hand hurt. [Client B] was asked what happened and he replied, '[Client H] bite me.' Staff checked his right hand and there were several bruises on and below his thumb area. The area was also swollen. [Client B] went on to say that his 'roommate bite him last night.'" A facility summary of investigation was not provided for review regarding this incident.</p> <p>-BDDS report dated 2/8/12 indicated on 2/8/12 at 10:30 AM, "[Client A] showed the [HM #1] a quarter size bruise on her</p> | | | |

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| | <p>right thigh. [HM #1] asked her if it hurt (sic) she stated NO (sic), and then she was ask (sic) how it happen, (sic) [client A] stated (sic) she didn't (sic) know. Staff will to (sic) monitor the bruise."</p> <p>-BDDS follow up report dated 2/27/12 indicated on 2/8/12, "[Client A] showed [HM #1] a bruise on her upper right thigh about a quarter size. [HM #1] asked [client A] what happened and she didn't (sic) say anything. [Client A] is verbal. [HM #1] asked staff what happened to [client A] and staff asked [client A] ran into her bed post. [HM #1] went back to [client A] and asked her if she hit the bed post and she said yes (sic). The bruise healed fine." The Immediate Investigation of Injury Form (IIOIF) dated 2/8/12, 5:00 PM was reviewed in regard to the 2/8/12 BDDS report for client A. The IIOIF form section entitled, "Describe the injury and how it was discovered: including location noted on the body-(example: quarter size bruise found on middle of right forearm:" indicated, "[Client A] ran into the bed post. It was quarter size on her left upper leg. In [client A] room (sic)."</p> <p>The IIOIF form section entitled, "Was cause of injury observed:" indicated, "Yes." The Summary of Internal Investigation Report (SIIR) dated 3/1/12 indicated the investigation of the 2/8/12 BDDS report regarding client A. The SIIR indicated the</p> | | | |

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| | <p>cause of the injury was not observed by staff. The SIIR did not indicate client A, client D (roommate), HM #1 and/or the facility nurse were interviewed in the section entitled, "Name of informants and title interviewed." The SIIR indicated the injury was located on client A's right thigh.</p> <p>-BDDS report dated 3/8/12, indicated on 3/8/12 at 8:00 AM, "[Client A] and her Visual (sic) impaired housemate bumped into each other and [client A] fell down and hit her hand and chin on the floor. [Client A's] left hand swelled some and staff applied ice and called the house manager...." The IIOIF form dated 3/8/12 was reviewed in regard to the 3/8/12 BDDS report for client A. The IIOIF form section entitled, "Describe the injury and how it was discovered: including location noted on the body-(example: quarter size bruise found on middle of right forearm:" indicated, "left hand swollen and bruised thumb, pointer and middle fingers (knuckles) (sic)." The IIOIF form indicated client A was not "on any medications, which may exacerbate injuries? (ex: blood thinners)..." The IIOIF form indicated client A does, "have a history of unexplained injuries? Bruises." The SIIR dated 3/10/12 did not indicate interviews for client A, client B, facility nurse and/or DCS #2. The SIIR</p> | | | |

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| | <p>did not indicate client A's current medications or risk protocols had been reviewed.</p> <p>Observations were conducted at the group home on 3/16/12 from 3:50 PM through 5:45 PM. At 5:15 PM, upon request, a body assessment was conducted by HM #1 and AS #2. The body assessment indicated a 3.0 inch diameter circular black bruise on client A's left buttocks, an oval shaped brown to gray bruise that was 1.50 inches in width across the top of her index and middle finger knuckles by 3.0 inches to the joint of her wrist and left hand and her left wrist was swollen on the top index finger knuckle, the middle finger knuckle and the area in between the two knuckles. Client A had a 0.25 inch wide by 1.0 inch long tan bruise extending from her left lower lip across her chin. Client A had an oval shaped bruise black to light purple in color that was 1.0 inches wide by 1.25 inches in length located 3.0 inches below the crease of her elbow in the center of her right forearm with the right palm facing up. Client A had a circular dark black, blue with purple 3.0 inch by 3.0 inch bruise 4.0 inches below her hip on the top of her inner left thigh.</p> <p>Client A was interviewed on 3/16/12 at 4:20 PM. Client A stated, "[Client B]</p> | | | |

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| | <p>pushed me down." Client A indicated the bruises on her left arm and chin occurred on 3/8/12. Client A indicated she reported the incident to DCS #1, DCS #2 and HM #1.</p> <p>HM #1 was interviewed on 3/16/12 at 5:15 PM. HM #1 indicated client A's bruise on her left upper thigh had occurred on 3/8/12. HM #1 indicated DCS #2 had been working the morning of 3/8/12. HM #1 indicated DCS #2 had not reported the injury or been interviewed regarding the incident. HM #1 indicated client A had a history of bruising. HM #1 indicated client A walked with her head and shoulders leaning forward due to the weight of her breasts. HM #1 indicated client A was at risk of falling due to an unsteady gait. HM #1 indicated client A's 3.0 inch diameter circular black bruise on client A's left buttocks matched the height of client A's bed post.</p> <p>PD #1 was interviewed on 3/19/12 at 8:30 AM. PD #1 indicated client A had a history of bruising from undetermined health/medical issues. PD #1 indicated there were no current checks or daily assessments to track client A's bruises. PD #1 indicated on 3/8/12 client A sustained an injury on her left wrist and chin and knocked a tooth loose. PD #1 indicated she was unaware of the bruises</p> | | | | |

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| | <p>on client A's right forearm and left buttocks prior to the body check completed on 3/16/12. PD #1 indicated client A's left upper thigh bruise was a result of the 2/8/12 BDDS incident. PD #1 indicated client A did not have a fall prevention protocol. PD #1 indicated client A should have a fall prevention protocol in place. PD #1 indicated there had not been an IDT (Interdisciplinary Team Meeting) following the 2/8/12 or 3/8/12 incidents to assess client A's bruising. PD #1 indicated a BDDS report had been submitted following the discovery of client A's bruises on 3/17/12. PD #1 indicated no additional precautions, supervision or supports had been initiated regarding client A's injuries of unknown origin prior to the afternoon of 3/19/12. PD #1 indicated staff would be conducting body checks during the investigation of the 3/16/12 injuries. PD #1 indicated no additional safeguards had been established at that time. PD #1 indicated the facility nurse should be notified following an injury to assess and determine if medical services are needed.</p> <p>Nurse #1 was interviewed on 3/20/12 at 8:45 AM. Nurse #1 indicated she had read about client A's left wrist and chin injury on the morning of 3/8/12 when she read the Daily Support Log that staff fill out in the group home. Nurse #1 indicated client</p> | | | |
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| | <p>A had a history of bruising easily and an unsteady gait. Nurse #1 indicated client A did not have a fall prevention protocol. Nurse #1 indicated client A should have a fall risk protocol. Nurse #1 indicated staff were not assessing client A for bruising on a daily/routine basis. Nurse #1 indicated she was following up with client A's primary care physician to identify a cause for client A's tendency to bruise easily.</p> <p>AS #1 (Administrative Staff) was interviewed on 3/20/12 at 5:15 PM. AS #1 indicated the 2/8/12 incident regarding client A was not thoroughly investigated. AS #1 indicated the 2/8/12 incident investigation was completed late and should have been completed within five business days after the incident. AS #1 indicated no IDT's had occurred to assess or address client A's unsteady gait, injuries of unknown origin or supports. AS #1 indicated client A did not have increased supervision or daily/routine assessments to track and/or monitor her bruises. AS #1 indicated client A did not have a fall risk protocol. AS #1 indicated it was reported to her client A had a history of bruising easily from either medicine or an unspecified medical condition.</p> <p>CI A and CI B indicated client A had</p> | | | | | | |

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| | <p>been having multiple bruises and scratches over the last several months. CI A stated, "[Client A] has been coming in with bruises on her arms and scratches for a long time. It's probably been going on a regular basis for about a year. We have been wondering what was going on with her. We started writing it down on our incident reports and turning them in. I was wondering why nothing was being said about it?" CI B stated, "Yeah, it's been happening for awhile now. We document the bruises and turn them in. I think they get sent to the facility. [Client A] usually will say its [client B] or her roommate [client D], I don't think they get along."</p> <p>The day services internal incident, accident and seizure reporting forms were reviewed on 3/22/12 at 12:00 PM. The review indicated the following day services internal incident reports:</p> <p>-3/23/11 at 8:30 AM, "[Client A] was riding [Facility] van to work. A male passenger grabbed her left arm and left four scrapes across her inner arm below the elbow." The form indicated the incident occurred on the facility van and AS #4 had been notified.</p> <p>-4/7/11 at 6:30 AM, "[Client A] claims that, 'she was in the kitchen eating</p> | | | |

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| | <p>breakfast when [client B] came into the kitchen and grabbed her, (sic) scratching her on the neck, breast and arm." The report indicated day services staff notified AS #1.</p> <p>-4/19/11 unspecified time, "[Client A] arrived at [Workshop] for work this a.m. with a scratch on her neck."</p> <p>-5/23/11 unspecified time, "[Client A] arrived at work with four scratches on her left arm, (sic) and a small scratch on her cheek." The form indicated AS #1 was notified of the injuries.</p> <p>-6/3/11 unspecified time, "[Client A] stated that [client B] scratched her while riding on the van." The form indicated AS #4 was notified of the injuries.</p> <p>AS #1 was interviewed on 3/21/12 at 2:00 PM. AS #1 indicated there were no incident reports from day services available to review. AS #1 stated, "If there were an incident at day services they would fill out a day services incident report and give it to staff who should report it to the [HM #1]. It would then be communicated to [PD #1] and then to me if needed." AS #1 indicated she had received a follow up call from the facility nurse indicating the nurse had done an assessment of client A's injury on 3/8/12.</p> | | | | | | |

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| | <p>AS #1 indicated client A's osteopenia diagnosis would be an increased risk for fractured bones if she were pushed down or fell.</p> <p>AS #1 and AS #4 were interviewed on 3/22/12 at 4:30 PM. AS #1 and AS #4 indicated they had been notified regarding the incidents at day services. AS #1 and AS #4 indicated the incidents should have been reported and investigated.</p> <p>Client A's record was reviewed on 3/20/12 at 5:00 PM. Client A's Nursing Progress Note dated 3/8/12 indicated the following:</p> <p>-9:30 AM, "Read in staff log of [client A's] hand L (sic) swollen between thumb and knuckles also bruised. Staff asked her how it happened and she said [client B] pushed her down..."</p> <p>-9:45 AM, "Received page from [DSAS #1] at [Day Services] to inform me of [client A's] hand. Could be broken...Informed [HM #1]. Called [Primary Care Physician (PCP)] and she can be seen 1:00 PM (sic)."</p> <p>The Nursing Progress Note did not indicate the nurse assessed client A's injury between 9:45 AM and 1:00 PM PCP appointment. Client A's bone density</p> | | | |

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| | <p>scan form dated 7/2/09 indicated, "there is osteopenia in the left femoral neck." Client A's record did not contain a fracture protocol regarding osteopenia. Client A's Quarterly Nursing Assessment indicated the following:</p> <p>-first quarter 3/11 did not indicate observations by the nurse of "dryness, lesions, bruising, sores, rashes, swelling..." The 3/11 narrative indicated abnormal gait. The 3/11 narrative did not indicate incidents regarding bruising due to medicine or an unspecified diagnosis.</p> <p>-second quarter 6/11 did not indicate observations by the nurse of "dryness, lesions, bruising, sores, rashes, swelling..." The 6/11 narrative indicated abnormal gait. The 6/11 narrative did not indicate incidents regarding bruising due to medicine or an unspecified diagnosis.</p> <p>-third quarter 9/11 did not indicate observations by the nurse of "dryness, lesions, bruising, sores, rashes, swelling..." The 9/11 narrative indicated abnormal gait. The 9/11 narrative did not indicate incidents regarding bruising due to medicine or an unspecified diagnosis.</p> <p>-fourth quarter 12/11 did not indicate observations by the nurse of "dryness, lesions, bruising, sores, rashes,</p> | | | | |

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| | <p>swelling..." The 12/11 narrative indicated abnormal gait. The 12/11 narrative did not indicate incidents regarding bruising due to medicine or an unspecified diagnosis.</p> <p>Client A's Health Care Coordination/Monthly Health Review forms dated 2/12, 1/12, 12/11 and/or 11/11 did not indicate client A had bruising due to medicine or unspecified diagnosis. The Health Care Coordination/Monthly Health Review forms indicated client A had an, "abnormal gait." Client A's record did not indicate a fall protocol. Client A's record did not indicate routine monitoring or observation protocols for bruising. Client A's medical appointment form dated 6/26/09 indicated an physical therapy assessment dated 6/26/09. Client A's record did not contain a current physical therapy assessment regarding abnormal gait or fall related concerns. Client A's blood chemistry test results form dated 6/8/11 indicated client A's comprehensive metabolic panel tests were within normal range. Client A's Physician's Order form signed 3/2/12 indicated the following medications were prescribed:</p> <p>-Fish Oil Capsule 100 milligram (Supplement)</p> <p>-Fluoxetine Capsule 40 milligram</p> | | | | |

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| | <p>(Depression)</p> <ul style="list-style-type: none"> -Lisinop Tablet 10-12.5 (Blood Pressure) -Metoprol Tar Tablet 50 milligram (Blood Pressure) -Oyster Shell Calcium with vitamin D 500 milligrams (Supplement) -Risperidone Tablet 1 milligram (Behavior) -Thera Tablet (Supplement) <p>Client A's Physician's Order form indicated the following diagnosis:</p> <ul style="list-style-type: none"> -Mental Retardation -Hypertension -Depression -Speech Impediment <p>Client A's Risk Management Assessment and Plan dated 4/22/11 did not indicate bruising or skin integrity risks. Client A's Behavior Support Plan dated 3/28/11 did not identify false reporting as a targeted behavior. Client A's Individual Support Plan dated 4/22/11 indicated client A was able to, "let staff know when she is</p> | | | |
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| | <p>injured or sick." Client A's record did not indicate day service incident reports related to bruises or scratches. Client A's record did not indicate IDT notes or discussion of client A's injuries, bruising or abnormal gait.</p> <p>This federal tag relates to complaint #IN00105698.</p> <p>9-3-1(a)</p> | | | |

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| W0122 | <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (A). The facility failed to implement written policy and procedures to prevent neglect and possible further and/or future injury to client A. The facility's system for monitoring neglect failed to identify and/or prevent neglect of client A in regards to implementing safeguards to address the client's recurring injuries of unknown origin.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 3/16/12. The Immediate Jeopardy was identified on 3/20/12. The Regional Director was notified of the Immediate Jeopardy on 3/20/12 at 9:32 AM regarding the facility's systems failure to prevent neglect and possible further and/or future injury to client A. The facility's system for monitoring neglect failed to identify and/or prevent neglect of client A in regards to implementing safeguards to address the client's recurring injuries of unknown origin.</p> | W0122 | <p>A Body assessment for Client A was implemented twice daily to assist in determining when and how Client A may be acquiring injuries. Body assessment documents will be reviewed by an Administrative staff at least twice weekly. Client A's The Interdisciplinary Team will meet weekly to review and evaluate the Body Assessments reports and any Immediate Investigation of injury forms and develop further recommendations as appropriate. The Program Director will be retrained on the development of Risk Management Assessment and Plans to include what is considered a risk and how and when to develop protocols and/or revise Risk Plans. Client A's Risk Management Assessment and Plan will be revised to reflect the risk of osteopenia, history of bruising, and an unbalanced gait which may cause falls. The Facility Nurse has developed a fall protocol for Client A. Monthly the Quality Assurance Specialist will complete a random review of Risk Management Assessment and Plans and protocols to ensure needed protocols are in place. The Facility Nurse will request a Physical Therapy order with the intention of finding a way for to ambulate in a safer</p> | 04/25/2012 | |

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| | The facility submitted a 3/21/12 Plan of Removal entitled, "Plan for Removal of Immediate Jeopardy" on 3/21/12. The plan of removal indicated the following, "As of 3/19/12 a line of sight and body assessment protocol for [client A] was implemented. The line of sight supervision will allow staff to monitor if there are any incidents of falls or situations that could cause potential injury and/or bruising. The body assessment protocol will allow staff to observe and document two times per day if [client A] has any bruising and/or marks present that may have resulted from an injury. The line of sight and body assessment protocol will ensure that protective measures are in place for [client A] to reduce the possibility of unknown injury. This will also allow for staff to report bruises to management and therefore proceed with completing an investigation. Verbal approval from the guardian for the line if (sic) sight and body assessment protocol has been obtained. Written approval for the line of sight and body assessment protocols will be obtained at the IDT (Interdisciplinary Team Meeting) scheduled for 6:00 PM on 3/21/12. All staff on duty effective 6:00 PM on 3/19/12 responsible for implementing the line of sight and body assessment protocols have been trained or will be trained prior to working their scheduled | | manner. Indiana MENTOR has general operating procedures for Nursing Assessment of non-life threatening injuries is put into a written document to ensure consistency of implementation. The Nursing Supervisor will ensure these procedures are put into written form and the Facility Nurse is trained on these procedures. All Direct Support Professionals, Home Manager, and Program Director will be retrained on communicating significant events to Day Service staff. Indiana MENTOR Administrative staff will retrain Day Service staff regarding the need to report injuries and events by cell phone to the Area Director. Day Service staff will be requested to follow-up with an e-mail when an injury or event is reported to the Area Director. Monthly conference calls will be scheduled with Day Service staff and Indiana MENTOR Administrative staff. The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding | | | | |

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| | <p>shifts. Line of sight supervision will be assigned per the schedule developed by [Facility]. The IDT will convene on 3/21/12 to develop further recommendations in regard to [client A's] increase in bruising due to injuries of unknown origin. IDT will meet at least weekly for the next thirty days to assess [client A] current status. After the thirty days the IDT will evaluate the meeting frequency needs. Staff observations will be completed by [Facility] management four times per week at varying times to ensure staff are implementing the line of sight and body assessment protocols for [client A] appropriately. During this time all body assessments will be reviewed to ensure appropriate reporting has been completed. A fall protocol for [client A] will be developed by the program nurse. After review by the IDT on 3/21/12, staff will be trained and it will be implemented. The program nurse has contacted [client A's] primary care physician to review any lab work and evaluate the need for any further evaluation to rule out any medical conditions that might cause [client A] to bruise easily. The program director will be retrained on 3/21/12 regarding completing thorough investigations and the need to ensure that needed investigations are completed in timely manner and within the [Facility] reporting</p> | | <p>investigations to be completed by this Program Director. The Area Director will take corrective action if needed when investigation requirements have not been met. In addition the Area Director and/or the Quality Assurance Specialist will review all investigations completed by this Program Director and make recommendations as appropriate. The Program Director will be retrained on Indiana MENTOR's policy for an emergency teaming within 5 days of a major incident in order for the IDT to explore alternate interventions. The Area Director and/or the Quality Assurance Specialist will review all BDDS incident reports and investigation summaries to ensure an IDT is held as required following a major incident. The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director. The Area Director will take corrective action if needed when investigation requirements</p> | | |

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| | <p>guidelines. Ongoing, all investigations will be reviewed by the area director and/or quality assurance specialist for timeliness and thoroughness."</p> <p>Observations were done at the day service provider on 3/26/12 from 1:40 PM through 2:20 PM. Client A was observed throughout the observation period at the day service provider within line of sight. The day service staff maintained a clear line of vision with client A through the observation period.</p> <p>Interview with day service staff #1 on 3/26/12 at 2:05 PM indicated client A was placed on line of sight observations and a fall protocol had been implemented. Day service staff #1 indicated facility staff had trained her regarding the protocols.</p> <p>Interview with day service staff #2 on 3/26/12 at 2:10 PM indicated client A was placed on line of sight observations and a fall protocol had been implemented. Day service staff #2 indicated facility staff had trained her regarding the protocols.</p> <p>The facility's plan of correction documents were reviewed on 3/26/12 at 2:30 PM. The facility's body check form, fall prevention protocol, visual monitoring protocol and staff training logs were reviewed.</p> | | <p>have not been met. In addition the Area Director and/or the Quality Assurance Specialist will review all investigations completed by this Program Director and make recommendations as appropriate. Responsible Staff: Program Director, Area Director, Quality Assurance Specialist</p> | | |

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| | <p>Interview with Administrative Staff (AS) #1 on 3/26/12 at 2:30 PM indicated all staff that work with client A had been trained regarding the line of sight observations, body check forms and fall prevention protocol. AS #1 indicated client A's IDT had met and discussed client A's falls and injuries of unknown origin. AS #1 indicated the special observations and body checks had been approved by the guardian and the client was offered support regarding the changes. AS #1 indicated facility management staff had been conducting in home observations and would continue to monitor staff's implementation of the protocols.</p> <p>The Immediate Jeopardy was removed on 3/26/12 at 2:45 PM through observation, interview and record review. It was determined the facility implemented a plan of action to remove the Immediate Jeopardy and the steps taken removed the immediacy of the problem. While the immediate jeopardy was removed on 3/26/12, the facility remained out of compliance at the Condition level in that the facility needed to demonstrate implementation of the safeguards.</p> <p>Findings include:</p> | | | |

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| | <p>1. The facility neglected to implement its policy and procedures regarding the thorough investigation of injuries of unknown origin. The facility failed to implement its policy and procedures to prevent client A from continued incidents of unknown injury. Please see W149.</p> <p>2. The facility failed to conduct a thorough investigation in regards to client A's injuries of unknown origin. Please see W154.</p> <p>This federal tag relates to complaint #IN00105698.</p> <p>9-3-2(a)</p> | | | | | | |

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| W0149 | <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 observation, record review and interview for 1 of 4 sampled clients (A), the facility neglected to implement its policy and procedures regarding the thorough investigation of injuries of unknown origin. The facility failed to implement its policy and procedures to prevent client A from continued incidents of unknown injury.</p> <p>Findings include:</p> <p>Observations were conducted at the facility's day services site on 3/16/12 from 11:35 AM through 12:35 PM. Client A was observed throughout the observation period. Client A had an oval shaped brown to gray bruise that was 1.50 inches in width across the top of her index and middle finger knuckles by 3.0 inches to the joint of her wrist and left hand. Client A's left wrist was swollen on the top index finger knuckle, the middle finger knuckle and the area in between the two knuckles. Client A had a 0.25 inch wide by 1.0 inch long tan bruise extending from her left lower lip across her chin. Client A had an oval shaped bruise black to light purple in color that was 1.0 inch wide by 1.25 inches in length located 3.0</p> | W0149 | <p>A Body assessment for Client A was implemented twice daily to assist in determining when and how Client A may be acquiring injuries. Body assessment documents will be reviewed by an Administrative staff at least twice weekly. Client A's The Interdisciplinary Team will meet weekly to review and evaluate the Body Assessments reports and any Immediate Investigation of injury forms and develop further recommendations as appropriate.</p> <p>The Program Director will be retrained on the development of Risk Management Assessment and Plans to include what is considered a risk and how and when to develop protocols and/or revise Risk Plans. Client A's Risk Management Assessment and Plan will be revised to reflect the risk of osteopenia, history of bruising, and an unbalanced gait which may cause falls.</p> <p>The Facility Nurse has developed a fall protocol for Client A. Monthly the Quality Assurance Specialist will complete a random review of Risk Management Assessment and Plans and protocols to ensure needed protocols are in place. The</p> | 04/25/2012 | | | |

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| | <p>inches below the crease of her elbow in the center of her right forearm with the right palm facing up. Client A had a circular dark black, blue with purple 3.0 inch by 3.0 inch bruise 4.0 inches below her hip on the top of her inner left thigh.</p> <p>Client A was interviewed on 3/16/12 at 12:10 PM. Client A pointed to her left wrist and arm and stated, "[Client B]." [Client B] push me." Client A then pointed to her lip and stated, "[Client B] pushed me down." Client A was then asked when client B pushed her down, client A stated, "Last Thursday (3/8/12). [Client B] push me down in the bathroom." Client A then rolled up the pant leg of her sweat pants and pointed to her thigh area and stated, "[Client B]." When asked if she reported the bruises and client B pushing her, client A stated, "yes" but was unable to articulate whom she informed.</p> <p>Confidential interview (CI) A stated, "[Client A] has been wanting to talk to someone about her hand and [client B]. [Client A] came in last week, I think it was Thursday (3/8/12) with her hand badly bruised and swollen. We thought it was broken. [Client A] kept saying [client B] pushed me! [Client B] pushed me down! I think [group home staff] said she had fallen but [client A] keeps saying that</p> | | <p>Facility Nurse will request a Physical Therapy order with the intention of finding a way for to ambulate in a safer manner.</p> <p>Indiana MENTOR has general operating procedures for Nursing Assessment of non-life threatening injuries is put into a written document to ensure consistency of implementation. The Nursing Supervisor will ensure these procedures are put into written form and the Facility Nurse is trained on these procedures.</p> <p>Direct Professional Staff working in this home will be retrained the definition of an injury unknown origin and the requirements for reporting and documenting all injuries. All injuries of unknown origin will be investigated within business 5 days of knowledge of the incident.</p> <p>All Direct Support Professionals, Home Manager, and Program Director will be retrained on communicating significant events to Day Service staff. Indiana MENTOR Administrative staff will retrain Day Service staff regarding the need to report injuries and events by cell phone to the Area Director. Day Service staff will be requested to follow-up with an e-mail when an injury or event is reported to the Area Director. Monthly conference calls will be scheduled with Day</p> | | | | |

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| | <p>[client B] pushed her." When asked if client B was in attendance at the day program, CI A indicated he was assigned to a separate building and was client A's housemate/peer. When asked if client A had any history of falls, CI A indicated client A walked with her head bent forward with her body leaning forward but had no falls at the day services. When asked if client A was able to communicate or report issues or concerns, CI A stated, "[Client A] can typically let us know when something is wrong or she is in pain. [Client A] may get the days and people confused but generally lets someone know if she is upset." When asked if the client A's injuries were reported to anyone, CI A stated, "Yes, we really thought her hand was broken or maybe fractured. We reported it to the [Day Services Administrative Staff (DSAS) #1] to see if she could go to the emergency room or get it taken care of. It really looked bad." When asked if client A had reported any other injuries on 3/8/12 in addition to her left wrist and chin area, CI A stated, "No, I had not seen the bruise on her leg or arm. I don't know where those came from."</p> <p>CI B stated, "[Client A] came to work last week around Thursday (3/8/12) with her hand and lip bruised and swollen. [Client A] said, '[client B] pushed me down'.</p> | | <p>Service staff and Indiana MENTOR Administrative staff.</p> <p>The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director. The Area Director will take corrective action if needed when investigation requirements have not been met. In addition the Area Director and/or the Quality Assurance Specialist will review all investigations completed by this Program Director and make recommendations as appropriate.</p> <p>The Program Director will be retrained on Indiana MENTOR's policy for an emergency teaming within 5 days of a major incident in order for the IDT to explore alternate interventions. The Area Director and/or the Quality Assurance Specialist will review all BDDS incident reports and investigation summaries to ensure an IDT is held as required following a major incident.</p> | | | | |

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| | <p>[Client A] hasn't fallen recently here. I am not sure where the other bruises came from. I think [DSAS #1] called [facility] to see if [client A] could be taken to the emergency room or if they knew about her hand being like it was."</p> <p>Interview with DSAS #1 on 3/16/12 at 12:41 PM indicated DCS A and DCS B had reported the condition of client A's hand to her. DSAS #1 stated, "I saw [client A's] hand and was afraid it was fractured or broken. It was badly bruised and swollen up. It looks better now but it was a lot more swollen... I started making phone calls to the [DCS #1] and the [(HM) Home Manager #1] and tried to contact [(PD) Program Director #1] but was only able to leave a message at first. They called me back and said 'staff was coming back to pick [client A] up to take her to the doctor.' I think [client A] went the same day around 1:00 PM but I am not sure who made the appointment. We had some concerns about [client A] coming in to work with bruises about a year ago but I don't recall anything more recent. It seems like [client A] usually complains about [client B] or her roommate [client D]." When asked if client A had any recent falls at the day services, DSAS #1 stated, "No, not that I am aware of." When asked if client A had bruises in addition to her left wrist and</p> | | <p>The Program Director will be retrained on what should be addressed as part of the Behavior Development Plan. The Program Director will contact the Behavior Specialist to have false reporting added to Client A's Behavior Development Plan.</p> <p>Indiana MENTOR Administrative staff will retrain Day Service staff regarding the need to report injuries and events by cell phone to the Area Director. Day Service staff will be requested to follow-up with an e-mail when an injury or event is reported to the Area Director. Monthly conference calls will be scheduled with Day Service staff and Indiana MENTOR Administrative staff</p> <p>Responsible Staff: Program Director, Area Director, Quality Assurance Specialist</p> | | |

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| | <p>her chin, DSAS #1 indicated she was unaware of any additional bruises or injuries.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/16/12 at 2:49 PM. The review indicated the following BDDS reports:</p> <p>-BDDS report dated 1/20/12, "When [client B] arrived he reported to staff that his hand hurt. [Client B] was asked what happened and he replied, '[Client H] bite me.' Staff checked his right hand and there were several bruises on and below his thumb area. The area was also swollen. [Client B] went on to say that his 'roommate bite him last night.'" A facility summary of investigation was not provided for review regarding this incident.</p> <p>-BDDS report dated 2/8/12 indicated on 2/8/12 at 10:30 AM, "[Client A] showed the [HM #1] a quarter size bruise on her right thigh. [HM #1] asked her if it hurt (sic) she stated NO (sic), and then she was ask (sic) how it happen, (sic) [client A] stated (sic) she didn't (sic) know. Staff will to (sic) monitor the bruise."</p> <p>-BDDS follow up report dated 2/27/12 indicated on 2/8/12, "[Client A] showed</p> | | | | |

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| | [HM #1] a bruise on her upper right thigh about a quarter size. [HM #1] asked [client A] what happened and she didn't (sic) say anything. [Client A] is verbal. [HM #1] asked staff what happened to [client A] and staff asked [client A] ran into her bed post. [HM #1] went back to [client A] and asked her if she hit the bed post and she said yes (sic). The bruise healed fine." The Immediate Investigation of Injury Form (IIOIF) dated 2/8/12, 5:00 PM was reviewed in regard to the 2/8/12 BDDS report for client A. The IIOIF form section entitled, "Describe the injury and how it was discovered: including location noted on the body-(example: quarter size bruise found on middle of right forearm:" indicated, "[Client A] ran into the bed post. It was quarter size on her left upper leg. In [client A] room (sic)."" The IIOIF form section entitled, "Was cause of injury observed:" indicated, "Yes." The Summary of Internal Investigation Report (SIIR) dated 3/1/12 indicated the investigation of the 2/8/12 BDDS report regarding client A. The SIIR indicated the cause of the injury was not observed by staff. The SIIR did not indicate client A, client D (roommate), HM #1 and/or the facility nurse were interviewed in the section entitled, "Name of informants and title interviewed." The SIIR indicated the injury was located on client A's right thigh. | | | |

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| | <p>-BDDS report dated 3/8/12, indicated on 3/8/12 at 8:00 AM, "[Client A] and her Visual (sic) impaired housemate bumped into each other and [client A] fell down and hit her hand and chin on the floor. [Client A's] left hand swelled some and staff applied ice and called the house manager...." The IIOIF form dated 3/8/12 was reviewed in regard to the 3/8/12 BDDS report for client A. The IIOIF form section entitled, "Describe the injury and how it was discovered: including location noted on the body-(example: quarter size bruise found on middle of right forearm:" indicated, "left hand swollen and bruised thumb, pointer and middle fingers (knuckles) (sic)." The IIOIF form indicated client A was not "on any medications, which may exacerbate injuries? (ex: blood thinners)..." The IIOIF form indicated client A does, "have a history of unexplained injuries? Bruises." The SIIR dated 3/10/12 did not indicate interviews for client A, client B, facility nurse and/or DCS #2. The SIIR did not indicate client A's current medications or risk protocols had been reviewed.</p> <p>Observations were conducted at the group home on 3/16/12 from 3:50 PM through 5:45 PM. At 5:15 PM, upon request, a body assessment was conducted by HM</p> | | | |

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| | <p>#1 and AS #2. The body assessment indicated a 3.0 inch diameter circular black bruise on client A's left buttocks, an oval shaped brown to gray bruise that was 1.50 inches in width across the top of her index and middle finger knuckles by 3.0 inches to the joint of her wrist and left hand and her left wrist was swollen on the top index finger knuckle, the middle finger knuckle and the area in between the two knuckles. Client A had a 0.25 inch wide by 1.0 inch long tan bruise extending from her left lower lip across her chin. Client A had an oval shaped bruise black to light purple in color that was 1.0 inches wide by 1.25 inches in length located 3.0 inches below the crease of her elbow in the center of her right forearm with the right palm facing up. Client A had a circular dark black, blue with purple 3.0 inch by 3.0 inch bruise 4.0 inches below her hip on the top of her inner left thigh.</p> <p>Client A was interviewed on 3/16/12 at 4:20 PM. Client A stated, "[Client B] pushed me down." Client A indicated the bruises on her left arm and chin occurred on 3/8/12. Client A indicated she reported the incident to DCS #1, DCS #2 and HM #1.</p> <p>HM #1 was interviewed on 3/16/12 at 5:15 PM. HM #1 indicated client A's</p> | | | |

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| | <p>bruise on her left upper thigh had occurred on 3/8/12. HM #1 indicated DCS #2 had been working the morning of 3/8/12. HM #1 indicated DCS #2 had not reported the injury or been interviewed regarding the incident. HM #1 indicated client A had a history of bruising. HM #1 indicated client A walked with her head and shoulders leaning forward due to the weight of her breasts. HM #1 indicated client A was at risk of falling due to an unsteady gait. HM #1 indicated client A's 3.0 inch diameter circular black bruise on client A's left buttocks matched the height of client A's bed post.</p> <p>PD #1 was interviewed on 3/19/12 at 8:30 AM. PD #1 indicated client A had a history of bruising from undetermined health/medical issues. PD #1 indicated there were no current checks or daily assessments to track client A's bruises. PD #1 indicated on 3/8/12 client A sustained an injury on her left wrist and chin and knocked a tooth loose. PD #1 indicated she was unaware of the bruises on client A's right forearm and left buttocks prior to the body check completed on 3/16/12. PD #1 indicated client A's left upper thigh bruise was a result of the 2/8/12 BDDS incident. PD #1 indicated client A did not have a fall prevention protocol. PD #1 indicated client A should have a fall prevention</p> | | | |

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| | <p>protocol in place. PD #1 indicated there had not been an IDT (Interdisciplinary Team Meeting) following the 2/8/12 or 3/8/12 incidents to assess client A's bruising. PD #1 indicated a BDDS report had been submitted following the discovery of client A's bruises on 3/17/12. PD #1 indicated no additional precautions, supervision or supports had been initiated regarding client A's injuries of unknown origin prior to the afternoon of 3/19/12. PD #1 indicated staff would be conducting body checks during the investigation of the 3/16/12 injuries. PD #1 indicated no additional safeguards had been established at that time. PD #1 indicated the facility nurse should be notified following an injury to assess and determine if medical services are needed.</p> <p>Nurse #1 was interviewed on 3/20/12 at 8:45 AM. Nurse #1 indicated she had read about client A's left wrist and chin injury on the morning of 3/8/12 when she read the Daily Support Log that staff fill out in the group home. Nurse #1 indicated client A had a history of bruising easily and an unsteady gait. Nurse #1 indicated client A did not have a fall prevention protocol. Nurse #1 indicated client A should have a fall risk protocol. Nurse #1 indicated staff were not assessing client A for bruising on a daily/routine basis. Nurse #1 indicated she was following up with client</p> | | | |

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| | <p>A's primary care physician to identify a cause for client A's tendency to bruise easily.</p> <p>AS #1 (Administrative Staff) was interviewed on 3/20/12 at 5:15 PM. AS #1 indicated the 2/8/12 incident regarding client A was not thoroughly investigated. AS #1 indicated the 2/8/12 incident investigation was completed late and should have been completed within five business days after the incident. AS #1 indicated no IDT's had occurred to assess or address client A's unsteady gait, injuries of unknown origin or supports. AS #1 indicated client A did not have increased supervision or daily/routine assessments to track and/or monitor her bruises. AS #1 indicated client A did not have a fall risk protocol. AS #1 indicated it was reported to her client A had a history of bruising easily from either medicine or an unspecified medical condition.</p> <p>CI A and CI B indicated client A had been having multiple bruises and scratches over the last several months. CI A stated, "[Client A] has been coming in with bruises on her arms and scratches for a long time. It's probably been going on a regular basis for about a year. We have been wondering what was going on with her. We started writing it down on our</p> | | | |

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| | <p>incident reports and turning them in. I was wondering why nothing was being said about it?" CI B stated, "Yeah, it's been happening for awhile now. We document the bruises and turn them in. I think they get sent to the facility. [Client A] usually will say its [client B] or her roommate [client D], I don't think they get along."</p> <p>The day services internal incident, accident and seizure reporting forms were reviewed on 3/22/12 at 12:00 PM. The review indicated the following day services internal incident reports:</p> <p>-3/23/11 at 8:30 AM, "[Client A] was riding [Facility] van to work. A male passenger grabbed her left arm and left four scrapes across her inner arm below the elbow." The form indicated the incident occurred on the facility van and AS #4 had been notified.</p> <p>-4/7/11 at 6:30 AM, "[Client A] claims that, 'she was in the kitchen eating breakfast when [client B] came into the kitchen and grabbed her, (sic) scratching her on the neck, breast and arm.'" The report indicated day services staff notified AS #1.</p> <p>-4/19/11 unspecified time, "[Client A] arrived at [Workshop] for work this a.m.</p> | | | | |

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| | <p>with a scratch on her neck."</p> <p>-5/23/11 unspecified time, "[Client A] arrived at work with four scratches on her left arm, (sic) and a small scratch on her cheek." The form indicated AS #1 was notified of the injuries.</p> <p>-6/3/11 unspecified time, "[Client A] stated that [client B] scratched her while riding on the van." The form indicated AS #4 was notified of the injuries.</p> <p>AS #1 was interviewed on 3/21/12 at 2:00 PM. AS #1 indicated there were no incident reports from day services available to review. AS #1 stated, "If there were an incident at day services they would fill out a day services incident report and give it to staff who should report it to the [HM #1]. It would then be communicated to [PD #1] and then to me if needed." AS #1 indicated she had received a follow up call from the facility nurse indicating the nurse had done an assessment of client A's injury on 3/8/12. AS #1 indicated client A's osteopenia diagnosis would be an increased risk for fractured bones if she were pushed down or fell.</p> <p>AS #1 and AS #4 were interviewed on 3/22/12 at 4:30 PM. AS #1 and AS #4 indicated they had been notified regarding</p> | | | |

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| | <p>the incidents at day services. AS #1 and AS #4 indicated the incidents should have been reported and investigated.</p> <p>Client A's record was reviewed on 3/20/12 at 5:00 PM. Client A's Nursing Progress Note dated 3/8/12 indicated the following:</p> <p>-9:30 AM, "Read in staff log of [client A's] hand L (sic) swollen between thumb and knuckles also bruised. Staff asked her how it happened and she said [client B] pushed her down..."</p> <p>-9:45 AM, "Received page from [DSAS #1] at [Day Services] to inform me of [client A's] hand. Could be broken...Informed [HM #1]. Called [Primary Care Physician (PCP)] and she can be seen 1:00 PM (sic)."</p> <p>The Nursing Progress Note did not indicate the nurse assessed client A's injury between 9:45 AM and 1:00 PM PCP appointment. Client A's bone density scan form dated 7/2/09 indicated, "there is osteopenia in the left femoral neck." Client A's record did not contain a fracture protocol regarding osteopenia. Client A's Quarterly Nursing Assessment indicated the following:</p> <p>-first quarter 3/11 did not indicate</p> | | | | |

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| | <p>observations by the nurse of "dryness, lesions, bruising, sores, rashes, swelling..." The 3/11 narrative indicated abnormal gait. The 3/11 narrative did not indicate incidents regarding bruising due to medicine or an unspecified diagnosis.</p> <p>-second quarter 6/11 did not indicate observations by the nurse of "dryness, lesions, bruising, sores, rashes, swelling..." The 6/11 narrative indicated abnormal gait. The 6/11 narrative did not indicate incidents regarding bruising due to medicine or an unspecified diagnosis.</p> <p>-third quarter 9/11 did not indicate observations by the nurse of "dryness, lesions, bruising, sores, rashes, swelling..." The 9/11 narrative indicated abnormal gait. The 9/11 narrative did not indicate incidents regarding bruising due to medicine or an unspecified diagnosis.</p> <p>-fourth quarter 12/11 did not indicate observations by the nurse of "dryness, lesions, bruising, sores, rashes, swelling..." The 12/11 narrative indicated abnormal gait. The 12/11 narrative did not indicate incidents regarding bruising due to medicine or an unspecified diagnosis.</p> <p>Client A's Health Care Coordination/Monthly Health Review forms dated 2/12, 1/12, 12/11 and/or</p> | | | |

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| | <p>11/11 did not indicate client A had bruising due to medicine or unspecified diagnosis. The Health Care Coordination/Monthly Health Review forms indicated client A had an, "abnormal gait." Client A's record did not indicate a fall protocol. Client A's record did not indicate routine monitoring or observation protocols for bruising. Client A's medical appointment form dated 6/26/09 indicated an physical therapy assessment dated 6/26/09. Client A's record did not contain a current physical therapy assessment regarding abnormal gait or fall related concerns. Client A's blood chemistry test results form dated 6/8/11 indicated client A's comprehensive metabolic panel tests were within normal range. Client A's Physician's Order form signed 3/2/12 indicated the following medications were prescribed:</p> <ul style="list-style-type: none"> -Fish Oil Capsule 100 milligram (Supplement) -Fluoxetine Capsule 40 milligram (Depression) -Lisinop Tablet 10-12.5 (Blood Pressure) -Metoprol Tar Tablet 50 milligram (Blood Pressure) -Oyster Shell Calcium with vitamin D | | | |

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| | <p>500 milligrams (Supplement)</p> <p>-Risperidone Tablet 1 milligram (Behavior)</p> <p>-Thera Tablet (Supplement)</p> <p>Client A's Physician's Order form indicated the following diagnosis:</p> <p>-Mental Retardation</p> <p>-Hypertension</p> <p>-Depression</p> <p>-Speech Impediment</p> <p>Client A's Risk Management Assessment and Plan dated 4/22/11 did not indicate bruising or skin integrity risks. Client A's Behavior Support Plan dated 3/28/11 did not identify false reporting as a targeted behavior. Client A's Individual Support Plan dated 4/22/11 indicated client A was able to, "let staff know when she is injured or sick." Client A's record did not indicate day service incident reports related to bruises or scratches. Client A's record did not indicate IDT notes or discussion of client A's injuries, bruising or abnormal gait.</p> <p>The facility's policy and procedures were</p> | | | | |

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| | <p>reviewed on 3/22/12 at 1:40 AM. The facility's 4/11 policy and procedure 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 possess of identifying, evaluating and reducing risk to which individuals are exposed. Indiana Mentor 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 (not all inclusive):</p> <p>e. Failure to provide appropriate supervision, care or training,</p> <p>2. Peer to peer aggression that results in significant injury by one individual receiving services, to another individual receiving services.</p> <p>f. Event with the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services to or for an individual receiving services;</p> <p>h. Injury to an individual when the origin</p> | | | | |

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| | <p>or cause of the injury is unknown and could be indicative of abuse, neglect or exploitation;</p> <p>i. Injury to an individual when the origin or cause of the injury is unknown and the injury required medical evacuation or treatment;</p> <p>j. (4) bruises larger that 3 inches in any direction or a pattern of bruises or contusions regardless of size.</p> <p>l. A fall resulting in injury, regardless of severity of injury;</p> <p>C. Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee.</p> <p>1. Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident."</p> <p>This federal tag relates to complaint #IN00105698.</p> <p>9-3-2(a)</p> | | | | | | |

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| W0154 | <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 8 of 9 incidents of abuse, neglect or injuries of unknown origin reviewed, the facility failed to complete a thorough investigation in regards to client B's allegation of being bitten. The facility failed to complete a thorough investigation in regards to client A's injury of unknown origin. The facility failed to complete a thorough investigation in regards to client A's allegation of being pushed down by client B. The facility failed to investigate incidents reported by day services.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/16/12 at 2:49 PM. The review indicated the following BDDS reports:</p> <p>1. BDDS report dated 1/20/12, "When [client B] arrived he reported to staff that his hand hurt. [Client B] was asked what happened and he replied, '[Client H] bite me.' Staff checked his right hand and there were several bruises on and below his thumb area. The area was also</p> | W0154 | <p>The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director. The Area Director will take corrective action if needed when investigation requirements have not been met. In addition the Area Director and/or the Quality Assurance Specialist will review all investigations completed by this Program Director and make recommendations as appropriate.</p> <p>Responsible Staff: Program Director, Area Director, Quality Assurance Specialist</p> | 04/25/2012 | | | |

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| | <p>swollen. [Client B] went on to say that his 'roommate bite him last night.'" A facility summary of investigation was not provided for review regarding this incident.</p> <p>2. BDDS report dated 2/8/12 indicated on 2/8/12 at 10:30 AM, "[Client A] showed the [HM #1] a quarter size bruise on her right thigh. [HM #1] asked her if it hurt (sic) she stated NO (sic), and then she was ask (sic) how it happen, (sic) [client A] stated (sic) she didn't (sic) know. Staff will to (sic) monitor the bruise."</p> <p>-BDDS follow up report dated 2/27/12 indicated on 2/8/12, "[Client A] showed [HM #1] a bruise on her upper right thigh about a quarter size. [HM #1] asked [client A] what happened and she didn't (sic) say anything. [Client A] is verbal. [HM #1] asked staff what happened to [client A] and staff asked [client A] ran into her bed post. [HM #1] went back to [client A] and asked her if she hit the bed post and she said yes (sic). The bruise healed fine." The Immediate Investigation of Injury Form (IIOIF) dated 2/8/12, 5:00 PM was reviewed in regard to the 2/8/12 BDDS report for client A. The IIOIF form section entitled, "Describe the injury and how it was discovered: including location noted on the body-(example: quarter size bruise found on middle of right forearm:"</p> | | | |

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| | <p>indicated, "[Client A] ran into the bed post. It was quarter size on her left upper leg. In [client A] room (sic)." The IIOIF form section entitled, "Was cause of injury observed:" indicated, "Yes." The Summary of Internal Investigation Report (SIIR) dated 3/1/12 indicated the investigation of the 2/8/12 BDDS report regarding client A. The SIIR indicated the cause of the injury was not observed by staff. The SIIR did not indicate client A, client D (roommate), HM #1 and/or the facility nurse were interviewed in the section entitled, "Name of informants and title interviewed." The SIIR indicated the injury was located on client A's right thigh.</p> <p>3. BDDS report dated 3/8/12, indicated on 3/8/12 at 8:00 AM, "[Client A] and her Visual (sic) impaired housemate bumped into each other and [client A] fell down and hit her hand and chin on the floor. [Client A's] left hand swelled some and staff applied ice and called the house manager...." The IIOIF form dated 3/8/12 was reviewed in regard to the 3/8/12 BDDS report for client A. The IIOIF form section entitled, "Describe the injury and how it was discovered: including location noted on the body-(example: quarter size bruise found on middle of right forearm:" indicated, "left hand swollen and bruised thumb, pointer and middle fingers</p> | | | | | | |

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| | <p>(knuckles) (sic)." The IIOIF form indicated client A was not "on any medications, which may exacerbate injuries? (ex: blood thinners)..." The IIOIF form indicated client A does, "have a history of unexplained injuries? Bruises." The SIIR dated 3/10/12 did not indicate interviews for client A, client B, facility nurse and/or DCS #2. The SIIR did not indicate client A's current medications or risk protocols had been reviewed.</p> <p>AS #1 (Administrative Staff) was interviewed on 3/20/12 at 5:15 PM. AS #1 indicated the 2/8/12 incident was not thoroughly investigated. AS #1 indicated the 2/8/12 incident regarding client A investigation was completed late and should have been completed within five business days after the incident. AS #1 indicated the 3/8/12 investigation regarding client A's allegation of being pushed by client B was not thoroughly investigated. AS #1 indicated no additional investigations were available for review regarding client A or client B.</p> <p>4. The day services internal incident, accident and seizure reporting forms were reviewed on 3/22/12 at 12:00 PM. The review indicated the following day services internal incident reports:</p> | | | | | | |

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| | <p>-3/23/11 at 8:30 AM, "[Client A] was riding [Facility] van to work. A male passenger grabbed her left arm and left four scrapes across her inner arm below the elbow." The form indicated the incident occurred on the facility van and AS #4 had been notified.</p> <p>-4/7/11 at 6:30 AM, "[Client A] claims that, 'she was in the kitchen eating breakfast when [client B] came into the kitchen and grabbed her, (sic) scratching her on the neck, breast and arm.'" The report indicated day services staff notified AS #1.</p> <p>-4/19/11 unspecified time, "[Client A] arrived at [Workshop] for work this a.m. with a scratch on her neck."</p> <p>-5/23/11 unspecified time, "[Client A] arrived at work with four scratches on her left arm, (sic) and a small scratch on her cheek." The form indicated AS #1 was notified of the injuries.</p> <p>-6/3/11 unspecified time, "[Client A] stated that [client B] scratched her while riding on the van." The form indicated AS #4 was notified of the injuries.</p> <p>AS #1 was interviewed on 3/21/12 at 2:00 PM. AS #1 indicated there were no incident reports from day services</p> | | | | | | |

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| | <p>available to review. AS #1 stated, "If there were an incident at day services they would fill out a day services incident report and give it to staff who should report it to the [HM #1]. It would then be communicated to [PD #1] and then to me if needed." AS #1 indicated she had received a follow up call from the facility nurse indicating the nurse had done an assessment of client A's injury on 3/8/12. AS #1 indicated client A's osteopenia diagnosis would be an increased risk for fractured bones if she were pushed down or fell.</p> <p>AS #1 and AS #4 were interviewed on 3/22/12 at 4:30 PM. AS #1 and AS #4 indicated they had been notified regarding the incidents at day services. AS #1 and AS #4 indicated the incidents should have been reported and investigated.</p> <p>This federal tag relates to complaint #IN00105698.</p> <p>9-3-2(a)</p> | | | | | | |

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| W0331 | <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (A) the nurse failed to develop a care plan regarding client A's unsteady gait.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/16/12 at 2:49 PM. The review indicated the following BDDS reports:</p> <p>-BDDS report dated 2/8/12 indicated on 2/8/12 at 10:30 AM, "[Client A] showed the [HM (Home Manager) #1] a quarter size bruise on her right thigh. [HM #1] asked her if it hurt (sic) she stated NO (sic), and then she was ask (sic) how it happen, (sic) [client A] stated (sic) she didn't (sic) know. Staff will to (sic) monitor the bruise."</p> <p>-BDDS follow up report dated 2/27/12 indicated on 2/8/12, "[Client A] showed [HM #1] a bruise on her upper right thigh about a quarter size. [HM #1] asked [client A] what happened and she didn't (sic) say anything. [Client A] is verbal. [HM #1] asked staff what happened to</p> | W0331 | <p>The Facility Nurse has developed a fall protocol for Client A. Monthly the Quality Assurance Specialist will complete a random review of Risk Management Assessment and Plans and protocols to ensure needed protocols are in place. The Facility Nurse will request a Physical Therapy order with the intention of finding a way for to ambulate in a safer manner.</p> <p>The Nursing Supervisor will complete a random audit of 10% of the medical files/documentation maintained by this Nurse by 6-30-12 and another 10% by 9-30-12.</p> <p>Responsible Staff: Nursing Supervisor</p> | 04/25/2012 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G506 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 03/26/2012 |
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| NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC | STREET ADDRESS, CITY, STATE, ZIP CODE 7085 ALLISONVILLE RD INDIANAPOLIS, IN 46220 |
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| | <p>[client A] and staff asked [client A] ran into her bed post. [HM #1] went back to [client A] and asked her if she hit the bed post and she said yes (sic). The bruise healed fine." The Immediate Investigation of Injury Form (IIOIF) dated 2/8/12, 5:00 PM was reviewed in regard to the 2/8/12 BDDS report for client A. The IIOIF form section entitled, "Describe the injury and how it was discovered: including location noted on the body-(example: quarter size bruise found on middle of right forearm:" indicated, "[Client A] ran into the bed post. It was quarter size on her left upper leg.</p> <p>-BDDS report dated 3/8/12, indicated on 3/8/12 at 8:00 AM, "[Client A] and her Visual (sic) impaired housemates bumped into each other and [client A] fell down and hit her hand and chin on the floor. [Client A's] left hand swelled some and staff applied ice and called the house manager...."</p> <p>HM #1 was interviewed on 3/16/12 at 5:15 PM. HM #1 indicated client A walked with her head and shoulders leaning forward due to the weight of her breasts. HM #1 indicated client A was at risk of falling due to an unsteady gait. HM #1 indicated client A's 3.0 inch diameter circular black bruise on client A's left buttocks matched the height of</p> | | | |

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| | <p>client A's bed post.</p> <p>Nurse #1 was interviewed on 3/20/12 at 8:45 AM. Nurse #1 indicated client A had a history of an unsteady gait. Nurse #1 indicated client A did not have a fall prevention protocol. Nurse #1 indicated client A should have a fall risk protocol.</p> <p>PD #1 was interviewed on 3/19/12 at 8:30 AM. PD #1 indicated client A did not have a fall prevention protocol. PD #1 indicated client A should have a fall prevention protocol in place.</p> <p>Client A's Quarterly Nursing Assessment 2011 was reviewed on 3/20/12 at 9:45 AM. Client A's Quarterly Nursing Assessment indicated the following:</p> <ul style="list-style-type: none"> -first quarter 3/11 narrative indicated abnormal gait. -second quarter 6/11 narrative indicated abnormal gait. -third quarter 9/11 narrative indicated abnormal gait. -fourth quarter 12/11 narrative indicated abnormal gait. <p>Client A's Health Care Coordination/Monthly Health Review</p> | | | |

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| | <p>forms dated 2/12, 1/12, 12/11 and/or 11/11 indicated client A had an, "abnormal gait." Client A's record did not indicate a fall protocol.</p> <p>This federal tag relates to complaint #IN00105698.</p> <p>9-3-6(a)</p> | | | | |