

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 06/17/2013
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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 annual recertification and state licensure survey.</p> <p>Dates of Survey: June 11, 12, 13, 14, and 17, 2013.</p> <p>Facility Number: 000837 Provider Number: 15G319 AIMS Number: 100243970</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 24, 2013 by Dotty Walton, QIDP.</p>	W000000		

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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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review, and interview, the facility failed to take effective corrective action for 7 of 8 clients (clients #2, #3, #4, #6, #7, and #8) and 1 additional client (client #9) after repeated client to client physical aggression.</p> <p>Findings include:</p> <p>1. On 6/12/13 at 6:00pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 6/2012 through 6/3/13 and indicated the following for client #3:</p> <p>-A 5/28/13 BDDS report for an incident on 5/28/13 at 1:35pm, indicated client #3 was agitated and hit client #6 in the back of her head. No injuries were noted.</p> <p>-A 5/27/13 BDDS report for an incident on 5/17/13 at 12:20pm, indicated client #3 was in a bad mood, walked up to client #4 and hit client #4 in the middle of his back, staff intervened, and no injuries were noted.</p> <p>-A 5/7/13 BDDS report for an incident on 5/6/13 at 5:25pm, indicated client #6 was in the kitchen helping to put away groceries, client #3 walked by and</p>	W000157	<p>w157 Clients that have a pattern of behavioral aggression have a behavioral support plan implemented to decrease such behaviors. Staff are trained to intervene and protect from client to client altercations while following the behavioral support plans. The home manager consistently monitors client treatment on a daily basis plus thorough review of documentation on all clients. The facility QMRP reviews client program plans including incident reports on a weekly basis and upon incident occurrence then makes revisions to the plans per team approval.</p> <p>For client #1 the behavioralist has been contacted to start assessment and development of a behavior support plan specifically for the individual needs of the client. All staff have been retrained on client to client aggression and intervention techniques to protect all clients. In addition the staff have been trained on specifically on the behavior plans for clients 2 and 3. The managers are attending all psychiatric reviews to help with adjustments for increased behavior incidents in individuals. The Program Director and Area</p>	07/05/2013			

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	<p>slammed the refrigerator door shut and hit client #6 on the left arm. No injuries were noted.</p> <p>-A 5/4/13 BDDS report for an incident on 5/4/13 at 6:30am, indicated client #3 walked by client #6, hit client #6 in the back of her head, staff intervened, and no injuries were noted.</p> <p>-A 1/8/13 BDDS report for an incident on 1/8/13 at 9:00am, indicated client #7 walked by client #3, client #7 slapped client #3 on her chest, redirected by facility staff, and no injuries were noted.</p> <p>-A 11/30/12 BDDS report for an incident on 11/29/12 at 6:00pm, indicated client #3 was having behaviors, client #9 walked by client #3, and client #3 hit client #9 in the chest. No injuries were noted.</p> <p>-A 9/26/12 BDDS report for an incident on 9/25/12 at 7:15pm, indicated client #3 was having behaviors, broke a window, and scratched client #9's neck. The report indicated no broken skin.</p> <p>-A 7/23/12 BDDS report for an incident on 7/22/12 at 4:00pm, indicated client #3 was in behaviors, threw crayon container at housemates, hit client #4 in unknown area, no injuries noted.</p>		<p>Director will continue to review client incident reports upon occurrence and monthly to monitor client behavior. The Program Director will ensure review of plans it client behaviors increase or remain continual for more than 2 consecutive months in the future. In addition the supervision levels will be reviewed if a pattern of behavior remains.</p> <p>Responsible Party: Area Director Completion Date: 7/5/2013</p>				

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	<p>2. On 6/13/13 at 6:30pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 6/2012 through 6/3/13 and indicated the following for client #2:</p> <p>-A 5/5/13 BDDS report for an incident on 5/4/13 at 6:05pm, indicated client #2 was having behaviors, client #2 hit client #4 on left side of face, staff intervened, and no injuries were noted.</p> <p>-A 2/24/13 BDDS report for an incident on 2/24/13 At 4pm, indicated client #2 hit client #9 in the face, knocked off her glasses, staff intervened, and no injuries were noted.</p> <p>-A 1/8/13 BDDS report for an incident on 1/8/13 at 9:00am, indicated client #7 walked out of the program room at the group home, was "grabbed by a male" client by (client #7's) hair, and client #2 hit client #7's head against the wall twice, staff intervened, and no injuries were noted.</p> <p>-A 1/8/13 BDDS report for an incident on 1/8/13 at 9:00am, indicated client #2 walked by client #6, slapped client #6 on the arm, staff intervened, and no injuries were noted.</p>						

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	<p>-A 1/5/13 BDDS report for an incident on 1/4/13 at 4:30pm, indicated client #2 was having behaviors, client #2 walked by client #9 and poked her in stomach with his fingers. No injuries were noted.</p> <p>-A 1/5/13 BDDS report for an incident on 1/4/13 at 4:30pm, indicated client #2 was having behaviors, walked by client #6, and hit client #6 in the back of her head, staff intervened, and no injuries were noted.</p> <p>-A 1/1/13 BDDS report for an incident on 1/1/13 at 7:45am, indicated client #2 slapped client #3 on the back and no injuries were noted.</p> <p>-A 12/9/12 BDDS report for an incident on 12/8/12 at 6:20pm, indicated client #7 was in behaviors, client #7 pulled client #2, client #2 punched client #7 in the face, and no injuries were noted.</p> <p>-A 10/23/12 BDDS report for an incident on 10/22/12 at 3:30pm, indicated client #2 kicked client #8 in the left shin, client #8 pushed client #2 into a chair, client #2 pulled staff's hair, threw himself to the floor and screamed. No injuries were noted.</p> <p>-A 9/21/12 BDDS report for an incident on 9/20/12 at 12:00 noon, indicated client</p>						

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	<p>#2 was sent home from workshop because of behaviors. Client #2 hit client #3 three times on the back, staff redirected, and no injuries were noted.</p> <p>3. On 6/11/13 at 1:15pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 6/2012 through 6/3/13 and indicated the following for client #4:</p> <p>-A 5/27/13 BDDS report for an incident on 5/17/13 at 12:20pm, indicated client #3 was in a bad mood, walked up to client #4 and hit client #4 in the middle of his back, staff intervened, and no injuries were noted.</p> <p>-A 5/5/13 BDDS report for an incident on 5/4/13 at 6:05pm, indicated client #2 was having behaviors, client #2 hit client #4 on left side of face, staff intervened, and no injuries were noted.</p> <p>-A 1/8/13 BDDS report for an incident on 01/8/13 at 9:00am, indicated client #7 walked by client #3, client #3 slapped client #7 on her chest, was redirected by facility staff, and no injuries were noted.</p> <p>-A 7/23/12 BDDS report for an incident on 7/22/12 at 4:00pm, indicated client #3 was in behaviors, threw crayon container at housemates, hit client #4 in unknown</p>						

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	<p>area, no injuries noted.</p> <p>4. On 6/11/13 at 1:15pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 6/2012 through 6/3/13 and indicated the following for client #6:</p> <p>-A 5/7/13 BDDS report for an incident on 5/6/13 at 5:25pm, indicated client #6 was in the kitchen helping to put away groceries, client #3 walked by and slammed the refrigerator door shut and hit client #6 on the left arm. No injuries were noted.</p> <p>-A 5/4/13 BDDS report for an incident on 5/4/13 at 6:30am, indicated client #3 walked by client #6, hit client #6 in the back of her head, staff intervened, and no injuries were noted.</p> <p>-A 1/8/13 BDDS report for an incident on 01/8/13 at 9:00am, indicated client #2 walked by client #6, slapped client #6 on the arm, staff intervened, and no injuries were noted.</p> <p>-A 1/5/13 BDDS report for an incident on 1/4/13 at 4:30pm, indicated client #2 was having behaviors, walked by client #6, and hit client #6 in the back of her head, staff intervened, and no injuries were noted.</p>						

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	<p>5. On 6/12/13 at 7:00pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 6/2012 through 6/3/13 and indicated the following for client #7:</p> <p>-A 1/8/13 BDDS report for an incident on 1/8/13 at 9:00am, indicated client #7 walked by client #3, client #7 slapped client #3 on her chest, was redirected by facility staff, and no injuries were noted.</p> <p>-A 1/8/13 BDDS report for an incident on 01/8/13 at 9:00am, indicated client #7 walked out of the program room at the group home, was "grabbed by a male" client by (client #7's) hair, and client #2 hit client #7's head against the wall twice, staff intervened, and no injuries were noted.</p> <p>-A 12/9/12 BDDS report for an incident on 12/8/12 at 6:20pm, indicated client #7 was in behaviors, client #7 pulled client #2, client #2 "punched" client #7 in the face, and no injuries were noted.</p> <p>6. On 6/11/13 at 1:15pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 6/2012 through 6/3/13 and indicated the following for client #8:</p>						

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	<p>-A 2/21/13 BDDS report for an incident on 2/21/13 at 9:40am, indicated client #8 was agitated at the workshop, threw work parts, then punched another client in the left arm. No injuries were noted.</p> <p>-A 1/4/13 BDDS report for an incident on 1/4/13 at 8:00am, indicated client #2 was in behaviors, client #2 tried to hit client #8 and missed, client #8 hit client #2 on the left ear and walked away, and no injuries were noted.</p> <p>-A 10/23/12 BDDS report for an incident on 10/22/12 at 3:30pm, indicated client #2 kicked client #8 in the left shin, client #8 pushed client #2 into a chair by the refrigerator, staff intervened, and no injuries were noted.</p> <p>7. On 6/11/13 at 1:15pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 6/2012 through 6/3/13 and indicated the following for client #9:</p> <p>-A 2/24/13 BDDS report for an incident on 2/24/13 At 4pm, indicated client #2 hit client #9 in the face, knocked off her glasses, staff intervened, and no injuries were noted.</p> <p>-A 1/5/13 BDDS report for an incident on 1/4/13 at 4:30pm, indicated client #2 was</p>				

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	<p>having behaviors, client #2 walked by client #9 and poked her in stomach with his fingers. No injuries were noted.</p> <p>-A 11/30/12 BDDS report for an incident on 11/29/12 at 6:00pm, indicated client #3 was having behaviors, client #9 walked by client #3, and client #3 hit client #9 in the chest. No injuries were noted.</p> <p>-A 9/26/12 BDDS report for an incident on 9/25/12 at 7:15pm, indicated client #3 was having behaviors, broke a window, and scratched client #9's neck. The report indicated no broken skin.</p> <p>On 6/17/13 at 10:00am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients #2, #3, #4, #6, #7, #8, and #9 were either the victims or the aggressors of client to client physical aggression at the group home. The QIDP indicated no corrective action was done (program revisions, or individual interdisciplinary team meetings) after each incident of client to client physical aggression. The QIDP indicated the amount of client to client physical aggression was high and the facility staff continue to redirect behaviors. The QIDP indicated the severity and intensity with client to client physical aggression had</p>						

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	<p>decreased with fewer injuries during the aggressive episodes to the victims/aggressors. The QIDP indicated no documented effective corrective action was available for the client to client physical aggression.</p> <p>9-3-2(a)</p>				

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, for 1 of 4 clients (client #1) on behavioral medications, the facility failed to ensure a Behavior Support Plan (BSP) was completed which included drug withdrawal criteria.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 06/12/13 at 12:30 PM. The record indicated client #1 was admitted on 04/02/13. Client #1's intake record and 4/3/13 "Physician's Order" both indicated client #1 was admitted on the medication, Geodon 40mg (milligrams) give 1 tablet by mouth twice a day for schizophrenia/psychosis, Celexa 20mg 1 tablet give once a day for Schizophrenia/psychosis, and Trazadone 50mg give 1 tablet every night for sleep. Client #1 did not have a BSP (Behavior Support Plan) available for review. Client #1's intake record and 4/3/13 "Physician's Order" indicated no behaviors and "Four County Mental Health" will follow up. Client #1's 4/3/13</p>	W000312	<p>W312</p> <p>Clients that have a behavioral pattern have a behavioral support plan implemented to decrease such behaviors. Staffs are trained on these plans and the facility consistently monitors client treatment on a daily basis plus thorough review of documentation on all clients. The facility utilizes titration plans incorporated in the client behavior support plan to focus on reduction to possible elimination of medication needed for targeted behaviors.</p> <p>For client #1 the behavioralist is adding the medication specific information including a plan to reduce the medication correlated to reduction of targeted behaviors to the client's behavior support plan. The staff will be trained upon approval of the behavioral support plan by the client Interdisciplinary team and Human Rights Committee. The QMRP and Area Director will review the remaining charts to ensure that client medication reduction is incorporated in all behavior plans.</p> <p>In the future the team will review</p>	07/05/2013	

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	<p>"Physician's Order" indicated client #1's diagnosis included, but was not limited to Schizophrenia. Client #1's 4/26/13 ISP (Individual Support Plan) indicated client #1 did not have "Maladaptive Behaviors." The client's record/ISP did not include the medications or a titration plan for client #1.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 06/17/13 at 10:00 AM. The QIDP indicated client #1's ISP and record did not contain the behavioral medications, a BSP, or a titration plan.</p> <p>9-3-5(a)</p>		<p>the medication monthly to ensure all psychotropic and behavior medication are listed on the plans. The facility nurse and Program director will continue to meet quarterly with the client psychiatrist to review the medication reduction plans. The behavioralist will review client behavior monthly as well as the reduction guidelines to ensure the titration occurs as required.</p> <p>Completion Date: 7/5/2013 Responsible Party: Program Director/Area Director/behavioralist</p>		

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W000316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview, for 1 of 4 sampled client (client #4) who received psychotropic medications, the facility failed to evaluate client #4's status for an annual decrease or contraindication of psychotropic medication.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 6/13/13 at 11:20am. Client #4's 4/19/13 ISP (Individual Support Plan) and client #4's 8/15/12 BSP (Behavior Support Plan) indicated the targeted behaviors of Food Theft, Pulls on Others, Incontinence, and Physical Assault. Client #4's plans indicated the use of Zyprexa 10mg (milligrams) one time a day for behaviors. Client #4's 2/11/13, 12/10/12, 9/9/12, and 6/1/12 "Psych (Psychiatric) Medication Reviews" did not indicate a change in client #4's psychiatric medications or a contraindication. Client #4's 4/1/13 "Physician's Order" indicated client #4's Zyprexa was started on 7/1/2001. Client #4's record did not indicate the last psychotropic medication change or contraindication. No behavior data was provided for review.</p>	W000316	<p>W316</p> <p>Indiana Mentor has policies in place to ensure individuals in service receive assistance to assist/manage in healthcare needs. This includes ensuring appointments occur in a timely manner and follow up is met. For the group homes the nurse in conjunction with the QMRP set up appointments to ensure care is met, and review them upon completion to ensure all areas of concerns have been addressed.</p> <p>For client #4 his psychiatric review has been scheduled to evaluate medication and get contraindication. The QMRP and Nurse will review charts for remaining individuals to ensure annually the contraindication of psychotropic medication had been noted and follow up as needed.</p> <p>On going the QMRP and Nurse will continue to monitor to ensure all recommendations are followed, and psychotropic drugs are reviewed quarterly by a psychiatrist to ensure reduction of medication occurs per guidelines.</p> <p>Responsible Party: Program Director/Area Director Completion Date: 7/5/2013</p>	07/05/2013			

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	<p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 6/17/13 at 10:00am. The QIDP indicated client #4's psychiatric medication had not been changed in over a year and no contraindication for client #4's psychiatric medication had been documented. The QIDP indicated client #4 had no documented evidence that a medication change had been considered or a medication reduction.</p> <p>9-3-5(a)</p>				

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W000455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation, record review, and interview, for 6 of 6 clients (clients #1, #2, #3, #4, #6, and #7) who lived in the group home, the facility staff failed to teach and encourage clients to use sanitary methods during dining opportunities.</p> <p>Findings include:</p> <p>On 6/11/13 from 2:08pm until 5:30pm, observation and interviews were conducted at the group home. On 6/11/13 at 2:08pm, clients #1, #2, #3, and #7 walked throughout the group home, ate snacks at the table, looked at magazines at the table, petted the facility cat, put their hands into their hair, rubbed their faces, and completed arts/crafts at the table in the dining room. At 3:50pm, client #1 was prompted by the facility staff to set the table and client #1 ate an apple in her hands, wiped the apple juice off her chin, carried plates, glasses, and silverware to the table. No redirection and no handwashing was observed. From 3:50pm until 4:50pm, client #1 petted the facility cat, placed her fingers into her ears, ran her fingers through her hair, and put away crayons while placing dinner</p>	W000455	<p>W455: The facility currently has established and follows policy to the prevention, control, and investigation of infection and communicable diseases. Currently, all staff are trained upon hire and annually to adhere to the format and policy for infection control and prevention.</p> <p>All staff will be trained to encourage and prompt all clients to wash their hands prior to eating a meal.</p> <p>In the future, the Program Director will monitor the staff at least monthly and the home manager weekly to ensure that the policy and procedure are being implemented.</p> <p>Person responsible: Program Director Completion Date: 7/5/2013</p>	07/05/2013	

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	<p>settings on the dining room table and no redirection or hand washing was taught or encouraged. At 4:10pm, client #1 with Group Home Staff (GHS) #1 hand over hand used a knife to cut vegetables for the salad for supper and no hand washing was observed. At 4:17pm, clients #2, #4, and #6 returned to the group home from their outing to a local store for a pop. At 4:20pm, client #6 carried dishes to the dining room table against her chest and the dishes were touching the shirt material. No hand washing was observed or encouraged. From 4:20pm until 5:05pm, clients #1, #2, #4, #6, and #7 carried food items to the table for supper, poured drinks, served themselves food, ate their meal and no hand washing was observed. At 5:20pm, GHS #1 and clients #1 and #6 indicated the dining room table had not been washed before supper.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was completed on 6/17/13 at 10:00am. The QIDP indicated staff should have redirected clients from setting the table before the table was cleaned. The QIDP indicated clients should have washed their hands before dining and before setting the table.</p> <p>9-3-7(a)</p>						

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