

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G378	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/01/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4002 N MOLLER RD INDIANAPOLIS, IN 46254
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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of survey: July 22, 23, 24, 28 and August 1, 2014.</p> <p>Facility Number: 000892 AIM Number: 100244290 Provider Number: 15G378</p> <p>Surveyor: Christine Colon, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed August 12, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<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, record review and interview, the governing body failed for 8 of 8 clients who resided at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8), to exercise general operating direction over the facility to ensure the following: 1. the facility developed and implemented policy and procedures in</p>	W000104	The Program Director will be retrained on Indiana MENTOR's policy and procedure for completing an investigation. This retraining will also include the expectation of the completion of the recommendations that are results of the completed investigation. This retraining will also include the expectations of	08/31/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>regards to documentation of incident reports and investigations 2. to ensure the facility's "Redwood Operating Group Home Procedures for Managing an Individual's Funds" policy was implemented, 3. to reimburse clients for hair cuts and 4. to replace blown light bulbs.</p> <p>Findings include:</p> <p>1. A request for the facility's internal incident reports, Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was made. A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) and investigation record was conducted on 7/22/14 at 12:05 P.M.. Review of the reports indicated:</p> <p>-BDDS report dated 7/25/13 indicated a medication error involving client #6.</p> <p>-BDDS report dated 7/29/13 indicated an unwitnessed fall with injury involving client #8. No written documentation was submitted for review to indicate an investigation was conducted in regards to this unwitnessed fall with injury.</p> <p>-BDDS report dated 10/29/13...Date of Knowledge: 10/29/13...Submitted Date:</p>		<p>the investigations to be completed and turned in to the administrator within 5 business days. The Program Director will be retrained on BDDS reports requirements. To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner. The Program Director and Home Manager will be retrained on Client Finances, including ensuring that the client does not pay for his or her own haircuts at any time, and to ensure that all financial records are kept down to the very last penny and are available for review. Client 2 will be reimbursed for the haircut on 4/17/2014 and client 5 will be reimbursed for a haircut on 4/18/2014. All financial transactions are monitored by the Home Manager, reconciled on a monthly basis by the Program Director, and then reviewed by the Client Finance Specialist at the completion of each month. Once a month the Client Finance Specialist will notify the Area</p>				

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	<p>11/3/13 involving clients #1, #2, #3, #4, #5, #6, #7 and #8 indicated: It was reported that a staff was sleeping during the over night shift. [Client #5] reported this to staff who reported this to the program director." No written documentation was submitted for review to indicate an investigation was conducted in regards to this incident of neglect.</p> <p>-BDDS report dated 6/10/14 indicated a medication error involving client #2.</p> <p>-BDDS report dated 6/13/14 indicated client #2 was outside and a door fell and hit him on the side of his head causing a contusion. Further review failed to indicate an investigation was conducted in regards to this unwitnessed injury.</p> <p>-BDDS report dated 7/10/14 indicated a medication error involving client #4.</p> <p>-BDDS report dated 7/10/14 indicated a medication error involving client #1.</p> <p>A review of the facility's "Operating Practices-Supervised Group Living Services" policy, no date noted, was conducted on 7/22/14 at 1:30 P.M.. Review of the policy indicated:</p> <p>"Indiana Mentor has a fundamental</p>		<p>Director of all clients, if any, that are over resources, so that the Area Director can followup on the plan of correction. Ongoing,the Area Director will complete quarterly reviews of a random sample of client finances to ensure that all is completely accurately and correctly. Indiana MENTOR will work with the maintenance supervisor to ensure that all repairs are addressed and completed in each room, as specified. The Area Director will retrain the Home Manager on ensuring that all maintenance items are noted and addressed with the Maintenance Supervisor for completion in the future. Ongoing,the Program Director will complete weekly walk-throughs of the home to ensure that the Home Manager reports and keeps up on all maintenance concerns for the home. Responsible Party: Home Manager, Program Director, Client Finance Specialist, and Area Director.</p>				

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	<p>responsibility to protect and promote the rights of the persons served...The following actions are prohibited by employees of Indiana Mentor: abuse, neglect, exploitation or mistreatment of an individual including misuse of an individual's funds; or violation of an individual's rights...Practices prohibited include the following: ...hitting...A proactive intervention that denies an individual of any of the following without a physician's order: ...medical care or treatment....Quality and Risk Management: Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed....Alleged, suspected or actual abuse, neglect, or exploitation of an individual...All incidents that require a report to the Bureau of Developmental Disabilities Services, or internal incident reports will be entered into a database maintained by The Mentor Network."</p> <p>An interview with the Regional Director (RD) was conducted on 7/22/14 at 1:00 P.M.. When asked if the facility documented internal incident reports, the</p>			

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	<p>RD stated "No. Staff calls the Area (AD)." When asked how staff documented incidents involving clients, he stated "They call and report to the AD and the AD documents the BDDS report." When asked if there were any internal incident reports available for review, he stated "No."</p> <p>2. A review of the facility's BDDS reports and investigation records was conducted on 7/22/14 at 12:05 P.M.. Review of the facility's investigation records indicated:</p> <p>-Investigation 3/12/14 involving clients #1, #2, #3, #4, #5, #6, #7 and #8 indicated: "On 3/12/14 [Staff #13] discovered funds missing from client petty cash accounts. [Staff #13] reported this to [Program Director]. A police report was filed on 3/12/14." Further review of the record indicated \$19.05 was missing from client #1's personal petty cash, \$6.17 was missing from client #2's personal petty cash, \$25.09 was missing from client #3's personal petty cash, \$25.10 was missing from client #4's personal petty cash, \$17.13 was missing from client #5's personal petty cash, \$16.04 was missing from client #6's personal petty cash, \$12.48 was missing from client #7's personal petty cash and \$10.17 was missing from client #8's</p>			

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	<p>personal petty cash.</p> <p>A review of the facility's records was conducted at the group home on 7/23/14 at 2:38 P.M.. A review of client #1, #2, #3, #4, #5, #6, #7 and #8's personal financial records was conducted. Review of clients #1, #3, #4, #6, #7 and #8's financial records failed to indicate the facility maintained an accurate accounting system of the clients' personal finances for the months of 2/14, 4/14, 5/14 and 6/14. The records failed to indicate the facility maintained an accurate accounting system of clients #2 and #5's finances for the months of 2/14, 5/14 and 6/14. There were no records of withdrawals and/or deposits of clients #1, #2, #3, #4, #5, #6, #7 and #8's banking accounts and no receipts of expenditures available for review for the mentioned months.</p> <p>An interview with the Area Director (AD) was conducted on 1/28/14 at 1:00 P.M.. The AD indicated the facility managed clients #1, #2, #3, #4, #5, #6, #7 and #8's finances and further indicated the facility was to keep an accurate account of their finances at all times. The AD indicated the records submitted were all that was available for review. The AD further indicated the missing money was never recovered and the</p>						

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	<p>facility reimbursed the clients for the missing funds.</p> <p>A review of the facility's "Redwood Operating Group Procedure for Managing an Individual's Funds" policy dated 12/07, was conducted on 7/22/14 at 7:10 P.M.. The policy indicated: "There will be a person assigned primary money management responsibilities for overseeing the day to day financial affairs of the individual....The Company will protect the financial interests of all individuals served by: Retaining individual financial records, reconciliations and receipts for no less than 6 years."</p> <p>3. A review of the facility's records was conducted at the group home on 7/23/14 at 2:38 P.M.. A review of clients #2 and #5's personal financial records was conducted. Review of the records indicated client #2 paid \$11.00 for a hair cut on 4/17/14 and on 4/18/14 client #5 paid \$13.00 for a haircut. Further review of the records failed to indicate clients #2 and #5 were reimbursed for the expenditures</p> <p>An interview with the AD was conducted on 7/28/14 at 1:00 P.M.. The AD indicated clients are not to pay for hair cuts. The AD indicated she thought the</p>						

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	<p>clients were reimbursed for the hair cuts. No documentation was submitted for review to indicate clients #2 and #5 were reimbursed for the hair cuts.</p> <p>4. A morning observation was conducted at the group home on 7/22/14 from 5:20 A.M. until 7:50 A.M.. Upon arriving at the group home the lighting in the open living/dining area was very dim. Clients #1, #2, #3 and #4 sat in the dimly lit living room. 2 of 3 light bulbs were not working in a lamp. 2 of 6 light bulbs were blown in the light fixture over the dining table and the ceiling fan light fixture did not work in the living room.</p> <p>An evening observation was conducted at the group home on 7/22/14 from 4:50 P.M. until 6:30 P.M.. Upon arriving at the group home the lighting in the open living/dining area was very dim. Clients #1, #2, #3 and #4 sat in the dimly lit living room. 2 of 3 light bulbs were not working in a lamp. 2 of 6 light bulbs were blown in the light fixture over the dining table and the ceiling fan light fixture did not work in the living room.</p> <p>An interview with Area Director (AD) was conducted on 7/28/14 at 1:00 P.M.. The AD indicated staff should make sure light bulbs are changed when they blow out. The AD indicated staff should make</p>			

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W000112	<p>her aware of any maintenance concerns and she then notifies the maintenance department of needed repairs.</p> <p>9-3-1(a)</p> <p>483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. Based on observation and interview, the facility failed to keep 7 of 8 clients living at the group home (clients #1, #2, #4, #5, #6, #7 and #8) information confidential by having each client's name, physician's name, medical appointment time and medical procedure to be completed in the open living room area.</p> <p>Findings include:</p>	W000112	<p>TheProgram Director and Home Manager will be retrained on confidentiality perIndiana MENTOR and HIPPA regulations. Theappointment calendar has been moved to a more secure location in the home as tonot violate HIPPA regulations and/or Indiana MENTOR's policy and procedures. Allfiles containing confidential client information will be stored in a locked uparea of the group home. Access to these files will</p>	08/31/2014

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	<p>A morning observation was conducted at the group home on 7/22/14 from 5:20 A.M. until 7:50 A.M.. Upon entering into the home of clients #1, #2, #3, #4, #5, #6, #7 and #8, in plain view where visitors to the home had access, was an annual calendar on the wall next to the front door which indicated:</p> <p>"7/2/14...[Client #2] labs. 7/3/14...[Client #4] labs before he eats... [Client #2] labs at [Laboratory name]. 7/7/14...[Client #6] 9:45 A.M., urology increase in PSA (prostate). 7/8/14...[Client #1] 10:30 A.M., foot doctor...[Client #3] foot doctor [Office name]. 7/9/14...[Client #8] 10:45 A.M. mammogram [Office name]. 7/10/14...[Client #2] 12:15 P.M. [Office name]...[Client #2] [Office name]. 7/11/14...[Client #5] 12:45 P.M. [Office name]. 7/16/14...[Client #5] labs at [Office name]. 7/17/14...[Client #5] stay home, clear liquid diet 5 P.M. 7/18/14...[Client #5] 10:00 A.M. [Hospital name] for colonoscopy...[Client #2] labs. 7/22/14...[Client #7] follow up [Dentist name] x rays of jaw. 7/25/14...[Client #6] eye appointment 11:00 A.M.</p>		<p>be strictly prohibited to only those on a need to know basis determined by Indiana MENTOR, the client, or guardian. Ongoing, the Program Director will complete quarterly (or more) visits to the group home to ensure that all confidential information is correctly stored in the home. Responsible Party: Home Manager and Program Director</p>	

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W000140	<p>7/29/14...[Client #7] 1:00 P.M. [Eye clinic name].</p> <p>7/31/14...[Client #5] follow up at [Clinic name] for colonoscopy."</p> <p>An evening observation was conducted at the group home on 7/22/14 from 5:00 P.M. until 7:10 P.M. Upon entering into the home of clients #1, #2, #3, #4, #5, #6, #7 and #8, in plain view where visitors to the home had access, was the annual calendar with clients' medical appointments information.</p> <p>An interview with the Area Director (AD) was conducted on 7/28/14 at 1:00 P.M.. The AD indicated the clients' information should not have been in the open area where visitors to the home could see.</p> <p>9-3-1(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based upon record review and interview, the facility failed to maintain an accurate</p>	W000140	The Direct Support Professionals will be retrained on Indiana	08/31/2014			

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	<p>accounting system for 8 of 8 clients who reside at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the group home on 7/23/14 at 2:38 P.M.. A review of client #1, #2, #3, #4, #5, #6, #7 and #8's personal financial records was conducted. Review of clients #1, #3, #4, #6, #7 and #8's financial records failed to indicate the facility maintained an accurate accounting system of the clients' personal finances for the months of 2/14, 4/14, 5/14 and 6/14. The records failed to indicate the facility maintained an accurate accounting system of clients #2 and #5's finances for the months of 2/14, 5/14 and 6/14. There were no records of withdrawals and/or deposits of clients #1, #2, #3, #4, #5, #6, #7 and #8's banking accounts and no receipts of expenditures available for review for the mentioned months.</p> <p>An interview with the Area Director (AD) was conducted on 1/28/14 at 1:00 P.M.. The AD indicated the facility managed clients #1, #2, #3, #4, #5, #6, #7 and #8's finances and further indicated</p>		<p>MENTOR's policy and procedures for client finances. The Program Director and Home Manager will be retrained on Client Finances. This training will include ensuring that the client's ledgers balance at all times, documentation requirements, and the expectations for supervisory reviews. For the first 4 weeks, the Home Manager will review each client's finances twice per week. After the initial four weeks, the Home Manager will review each client's finances no less than once per week, ongoing. Reviewing the client finances includes, but is not limited to, counting all petty cash, ensuring all transactions are recorded and have a receipt for proof of purchase. For the first 4 weeks, the Program Director will review each client's finances once per week. After the initial four weeks, the Program Director will review each client's finances twice per month. After the next four weeks, the Program Director will continue with reviewing each client's finances no less than once per month. Reviewing the client finances includes, but is not limited to, counting all petty cash, ensuring all transactions are recorded and have a receipt for proof of purchase. For the first 3 months, the Area Director will review each client's finances no less than once per month. After the initial 3 months, the Area</p>	

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W000149	<p>the facility was to keep an accurate account of their finances at all times. The AD indicated the records submitted were all that was available for review.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 4 of 4 sampled clients and 4 additional clients (clients #1, #2, #3, #4, #5, #6, #7 and #8), the facility neglected to implement written policy and procedures to prevent alleged abuse/neglect regarding financial exploitation and failed to provide evidence thorough investigations were conducted.</p> <p>Findings include:</p> <p>1. A request for the facility's internal incident reports, Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was made. No internal incident reports</p>	W000149	<p>Director will review each client's finances twice once per quarter, ongoing. Ongoing, all financial transactions are monitored by the Home Manager, reconciled by the Program Director, and then reviewed by the Client Finance Specialist at the completion of each month.</p> <p>The Program Director will be retrained on Indiana MENTOR's policy and procedure for completing an investigation. This retraining will also include the expectation of the completion of the recommendations that are results of the completed investigation. This retraining will also include the expectations of the investigations to be completed and turned in to the administrator within 5 business days. The Program Director will be retrained on BDDS reports requirements. To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all</p>	08/31/2014

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	<p>were submitted for review. A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) and investigation record was conducted on 7/22/14 at 12:05 P.M.. Review of the reports indicated:</p> <p>-BDDS report dated 7/29/13 indicated an unwitnessed fall with injury involving client #8. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 10/29/13...Date of Knowledge: 10/29/13...Submitted Date: 11/3/13 involving clients #1, #2, #3, #4, #5, #6, #7 and #8 indicated: It was reported that a staff was sleeping during the over night shift. [Client #5] reported this to staff who reported this to the program director." No written documentation was submitted for review to indicate an investigation was conducted in regards to this incident of alleged neglect.</p> <p>-Investigation 3/12/14 involving clients #1, #2, #3, #4, #5, #6, #7 and #8 indicated: "On 3/12/14 [Staff #13] discovered funds missing from client petty cash accounts. [Staff #13] reported this to [Program Director]. A police report was filed on 3/12/14." Further</p>		<p>investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner.</p>	

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	<p>review of the record indicated \$19.05 was missing from client #1's personal petty cash, \$6.17 was missing from client #2's personal petty cash, \$25.09 was missing from client #3's personal petty cash, \$25.10 was missing from client #4's personal petty cash, \$17.13 was missing from client #5's personal petty cash, \$16.04 was missing from client #6's personal petty cash, \$12.48 was missing from client #7's personal petty cash and \$10.17 was missing from client #8's personal petty cash.</p> <p>-BDDS report dated 6/13/14 indicated client #2 was outside and a door fell and hit him on the side of his head causing a contusion. Further review failed to indicate an investigation was conducted in regards to this unwitnessed injury.</p> <p>A review of the facility's "Operating Practices-Supervised Group Living Services" policy, no date noted, was conducted on 7/22/14 at 1:30 P.M.. Review of the policy indicated:</p> <p>"Indiana Mentor has a fundamental responsibility to protect and promote the rights of the persons served...The following actions are prohibited by employees of Indiana Mentor: abuse, neglect, exploitation or mistreatment of an individual including misuse of an</p>			

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	<p>individual's funds; or violation of an individual's rights....Practices prohibited include the following: ...hitting...A proactive intervention that denies an individual of any of the following without a physician's order: ...medical care or treatment....Quality and Risk Management: Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed....Alleged, suspected or actual abuse, neglect, or exploitation of an individual...All incidents that require a report to the Bureau of Developmental Disabilities Services, or internal incident reports will be entered into a database maintained by The Mentor Network."</p> <p>"Indiana Mentor believes that human rights are protected by creating an environment in which abuse of human rights is not tolerated....Any allegation of abuse or human rights violation is thoroughly investigated by the Director of Program Services in consultation with Human Resources Department and/or the Risk Management Department."</p>			

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W000154	<p>An interview with the Area Director (AD) was conducted on 7/22/14 at 1:00 P.M.. The AD indicated staff should follow the facility's abuse/neglect policy. The AD indicated all incidents of abuse and neglect are to be immediately reported to the administrator and within 24 hours to BDDS. The AD indicated all incidents should be investigated and the results were to be reported to the administrator within 5 days.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 3 of 15 incidents, involving 4 of 4 sampled clients and 4 additional clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) the facility failed to provide written evidence investigations were conducted. Findings include:</p>	W000154	The Program Director will be retrained on Indiana MENTOR's policy and procedure for completing an investigation. This retraining will also include the expectation of the completion of the recommendations that are results of the completed investigation. This retraining will also include the expectations of	08/31/2014

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	<p>A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) was conducted on 7/22/14 at 12:05 P.M. Review of the reports indicated:</p> <p>-BDDS report dated 7/29/13 indicated an unwitnessed fall with injury involving client #8. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 10/29/13...Date of Knowledge: 10/29/13...Submitted Date: 11/3/13 involving clients #1, #2, #3, #4, #5, #6, #7 and #8 indicated: It was reported that a staff was sleeping during the over night shift. [Client #5] reported this to staff who reported this to the program director." No written documentation was submitted for review to indicate an investigation was conducted in regards to this incident of alleged neglect.</p> <p>-BDDS report dated 6/13/14 indicated client #2 was outside and a door fell and hit him on the side of his head causing a contusion. Further review failed to indicate an investigation was conducted in regards to this unwitnessed injury.</p>		<p>the investigations to be completed and turned in to the administrator within 5 business days. The Program Director will be retrained on BDDS reports requirements. To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner.</p>	

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W000156	<p>An interview with the Area Director (AD) was conducted on 7/28/14 at 1:00 P.M.. The AD indicated staff should follow the facility's abuse/neglect policy. The AD indicated all incidents should be investigated. When asked if the above incidents were investigated, the AD indicated if the incidents were investigated the investigations would have been attached to the BDDS reports. No investigations were submitted for review in regards to the mentioned incidents.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview, the facility failed to report the results of 1 of 1 reviewed investigation, involving 4 of 4 sampled clients and 4 additional clients (clients #1, #2, #3, #4, #5, #6, #7 and #8), to the administrator within five business days.</p>	W000156	The Program Director will be retrained on Indiana MENTOR's policy and procedure for completing an investigation. This retraining will also include the expectation of the completion of the recommendations that are results of the completed investigation. This retraining will also include the expectations of the investigations to be	08/31/2014

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	<p>Findings include:</p> <p>A review of the facility's BDDS reports and investigation records was conducted on 7/22/14 at 12:05 P.M. Review of the facility's investigation records indicated:</p> <p>-Investigation 3/12/14 involving clients #1, #2, #3, #4, #5, #6, #7 and #8 indicated: "On 3/12/14 [Staff #13] discovered funds missing from client petty cash accounts. [Staff #13] reported this to [Program Director]. A police report was filed on 3/12/14." Further review of the record indicated the investigation was concluded on 3/24/14. Further review of the record did not indicate the results of the investigation were reported to the administrator within 5 days.</p> <p>An interview with the Area Director (AD) was conducted on 7/28/14 at 1:00 P.M. The AD indicated results from investigations are to be reported to the administrator within 5 days.</p> <p>9-3-2(a)</p>		<p>completed and turned in to the administrator within 5 business days. The Program Director will be retrained on BDDS reports requirements. To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner.</p>		

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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review, observation and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) residing at the group home, to provide sufficient numbers of direct care staff to supervise/manage clients as indicated in their Individual Support Plans (ISPs).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/14 from 5:20 A.M. until 7:50 AM. From 5:20 A.M. until 6:15 A.M., Direct Support Professional (DSP) #1 was the only staff present and working with all clients at the group home. During the observation period clients #1, #2, #3, #4 and #5 sat in the living room unsupervised and with no activity. DSP #1 assisted clients with showering and morning hygiene and completed meal preparation. DSP #2 arrived to the group home at 6:15 A.M. and began administering medications</p>	W000186	<p>Home Manager and Program Director will be retrained on staffing needs to ensure adequate supervision is being provided to address individual consumer needs. The group home client schedule will be reviewed to ensure that no changes are needed to complete most activities while more staff are present in the house. The group home staff schedule will be reviewed once the client schedule is reviewed to see where additional staffing is needed to ensure that all client needs are being met. Observations of staff performance will be completed by Indiana Mentor management three times per week for 30 days at varying times to ensure adequate staff support and supervision is being provided to address individual consumer needs and medical protocols are being implemented appropriately per consumer. All staff will be retrained on client #5's ISP and supervision protocol to ensure client is within eyesight at all times. Ongoing, observations of</p>	08/31/2014

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	<p>while clients #1, #2, #3, #4, and #5 sat unsupervised and with no activity. There was no choice of activities offered nor implementation of clients' goals during this observation period. Clients #1, #2, #3, #4, #5, #6, #7 and #8 were not supervised at all times during the observation.</p> <p>An interview with DSP #1 was conducted on 7/22/14 at 5:25 A.M. DSP #1 indicated the overnight staff worked by themselves until the 6:00 A.M. staff came in to start administering medications. DSP #1 indicated he began getting clients up around 4:30 A.M. to assist them in showering and morning hygiene.</p> <p>A review of client #1's record was conducted on 7/23/14 at 3:00 P.M. The Individual Support Plan (ISP) dated 11/29/13 indicated: "In home 24 hour supervision."</p> <p>A review of client #2's record was conducted on 7/23/14 at 3:30 P.M.. The ISP dated 1/24/14 indicated: "In home 24 hour supervision."</p> <p>A review of client #3's record was conducted on 7/23/14 at 4:00 P.M. The ISP dated 1/24/14 indicated: "In home 24 hour supervision."</p>		<p>staff performance will be completed by the Program Director and/or Home Manager two times per week for 30 days at varying times to ensure adequate staff support and supervision is being provided to address individual consumer needs are being implemented appropriately per consumer.</p>				

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	<p>A review of client #4's record was conducted on 7/23/14 at 4:30 P.M.. The ISP dated 12/23/13 indicated: "In home 24 hour supervision."</p> <p>A review of client #5's record was conducted on 7/23/14 at 4:40 P.M. The ISP dated 8/9/13 indicated: "In home 24 hour supervision." Her BSP dated 8/9/13 which addressed elopement and physical aggression indicated staff should keep her in eye sight at all times.</p> <p>A review of client #6's record was conducted on 7/23/14 at 4:50 P.M. The ISP dated 8/9/13 indicated: "In home 24 hour supervision."</p> <p>A review of client #7's record was conducted on 7/24/14 at 4:40 P.M. The ISP dated 8/9/13 indicated: "In home 24 hour supervision."</p> <p>A review of client #8's record was conducted on 7/24/14 at 4:50 P.M. The ISP dated 8/9/13 indicated: "In home 24 hour supervision."</p> <p>The Area Director (AD) was interviewed on 7/28/14 at 1:00 P.M. The AD indicated there should be enough staff present to supervise/manage the clients at all times while awake. The AD further</p>			

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W000249	<p>indicated client #5 should be in staff's eye sight at all times while awake.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 4 of 4 sampled clients (clients #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/14 from 6:20 A.M. until 7:50 A.M.. During the entire observation period, clients #1, #2, #3 and #4 sat in the living room with no activity or interaction. DSP #1 assisted clients #7 and #8 with their hygiene and prepared breakfast. DSP #2 administered medications. DSP #2 popped each</p>	W000249	<p>The Direct Support Professionals will be retrained on medication administration; specifically on including the medication goals each time that medication administration is completed with each client.</p> <p>Starting on 9/18/14, the Program Director, Home Manager, and/or Program Nurse will complete daily (7 days a week) medication administration observations for two weeks.</p> <p>After the two weeks, the Home Manager, Program Director, and/or Program Nurse will complete five (5) weekly medication administration observations to ensure that the medication goals are being completed with each client as</p>	08/31/2014

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	<p>clients medications into a plastic cup and handed the cup to each client. There was no teaching and training during the medication administration. DSP #1 and #2 would walk through the facility and visually check on clients #1, #2, #3 and #4 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>An evening observation was conducted at the group home on 7/22/14 from 4:50 P.M. until 6:30 P.M.. During the entire observation period, clients #1, #3 and #4 sat in the living room with no activity or interaction. DSP #2 cooked dinner, DSP #3 assisted clients #7 and #8 and DSP #4 administered medications. DSPs #2, #3 and #4 would walk through the facility and visually check on clients #1, #2, #3 and #4 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>A review of client #1's record was conducted on 7/23/14 at 3:00 P.M.. The Individual Support Plan (ISP) dated 11/29/13 indicated: "Will follow her personal identification checklist...Will exercise...Will learn to identify money...Will complete a household chore...Will learn about medications."</p> <p>A review of client #2's record was</p>		<p>specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly medication administration observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed.</p> <p>After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed.</p> <p>Ongoing each DSP will work with each client during medication administration on their specific Individualized Support Plan that states each medication goal. The Direct Support Professionals will be retrained on completing formal and informal training goals for each client. The Direct Support Professionals will be retrained on documenting formal training goals for each client. After the retraining occurs, the Home Manager will complete two (2) weekly observations to ensure that the goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs to be addressed. After the initial four (4)</p>				

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9-3-4(a)	<p>conducted on 7/23/14 at 3:30 P.M.. The ISP dated 1/24/14 indicated: "Will increase his money management skills...Will increase his medication administration...Will increase his independence with meal activity...Will learn about medications."</p> <p>A review of client #3's record was conducted on 7/23/14 at 4:00 P.M.. The ISP dated 1/24/14 indicated: " Will exercise...Will identify a quarter, dime, nickel and penny...Will learn to tell staff the time of his medications 6:00 A.M....Will prepare a side dish."</p> <p>A review of client #4's record was conducted on 7/23/14 at 4:30 P.M.. The ISP dated 12/23/13 indicated: "Will exercise...Will count out \$5.00 in change...Will give his street address...Will state the reason of his medication."</p> <p>The Area Director (AD) was interviewed on 7/22/14 at 1:00 P.M.. The AD stated client objectives should be implemented "at all times." The AD further indicated clients #1, #2, #3 and #4 should have been provided with meaningful active treatment activities during the observation periods.</p>		<p>weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed. Ongoing each DSP will work with each client on their specific Individualized Support Plan that states each goal. For the first four weeks, the Home Manager will complete documentation reviews no less than every 48 hours to ensure that goals are being documented correctly by each staff. After the initial four weeks and ongoing, the Home Manager will complete documentation reviews no less than weekly to ensure that all goals are being ran and documented appropriately. Any ongoing completion and documentation errors will be brought to the Program Director's attention for further corrective action on staff. All staff will be retrained on Active Treatment for all clients. After the retraining occurs, the Home Manager will complete two (2) weekly observations to ensure that active treatment is being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs to be addressed. After the initial four (4) weeks, the Home Manager and/or Program Director will complete weekly active treatment</p>	

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W000367	<p>483.460(k) DRUG ADMINISTRATION</p> <p>The facility must have an organized system for drug administration that identifies each drug up to the point of administration. Based on observation, record review and interview, the facility failed to keep medications for 1 of 4 sampled clients observed during the evening medication administration (client #1), identified until the point of administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/14 from 5:20 A.M. until 7:50 A.M.. At 7:15 A.M., Direct Support Professional (DSP) #2 was observed popping medications out of containers in the medication area. DSP #2 then walked the medications to the living room and began feeding the medications to client #1 as she sat on the living room couch. DSP #2 did not dispense any of the medications administered to client #1 from their original packaging at the time of administration while in the living room.</p>	W000367	<p>observations ongoing, and will ensure that all needed retrainings will be completed. Responsible Party: Home Manager and Program Director</p> <p>The Direct Support Professionals will be retrained on medication administration. This training will include the times that medication administration is completed, which must be according to the Med Sheets. Starting on 9/18/14, the Program Director, Home Manager, and/or Program Nurse will complete daily (7 days a week) medication administration observations for two weeks. After the two weeks, the Home Manager, Program Director, and/or Program Nurse will complete five (5) weekly medication administration observations to ensure that the medication goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly medication administration observations for four (4)</p>	08/31/2014

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W000369	<p>A review of client #1's Medication Administration Record (MAR) dated 7/14 was conducted on 7/22/14 at 7:18 A.M.. Review of the record indicated the medications administered to client #1 were "Levothyroxine 100 mcg (microgram) (thyroid)...Oyster Cal with Vitamin D 500 mg (milligram) (supplement)...Necon tablet (menses regulation)."</p> <p>An interview with the facility's nurse was conducted on 7/28/14 at 1:00 P.M.. The nurse indicated the medications should be administered directly from the original packaging while the client is present at the medication area when administering. The nurse indicated medications should never be prepared prior to administration.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients and 2 additional clients observed during the morning medication</p>	W000369	<p>additional weeks, and will ensure that all needed retrainings will be completed. After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed. Ongoing each DSP will complete Medication Administration as expected by Indiana MENTOR's policy and procedures. Responsible Party: Home Manager and Program Director</p> <p>The Direct Support Professionals will be retrained on medication administration. This training will include the times that medication administration is completed, which must be according to the Med</p>	08/31/2014

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	<p>administration (clients #1, #6 and #8) to ensure staff administered 4 of 24 of the clients' medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/14 from 5:20 A.M. until 7:50 A.M.. At 6:20 A.M., Direct Support Professional (DSP) #2 began administering client #6's prescribed oral medications. DSP #2 began administering client #6's "Brimonidine eye drops (glaucoma). DSP #2 instilled 1 drop into client #6's left eye and then stopped to redirect client #5, then instilled a second drop into client #6's left eye. DSP #2 then administered client #6's Piroxicam 20 mg (milligram) capsule with water. DSP #2 did not instill 1 drop into each eye and client #6 did not take his oral medication with food. Review of the medication label and the Medication Administration Record (MAR) dated 7/1/14 to 7/31/14 was conducted on 7/22/14 at 6:25 A.M. and indicated: "Brimonidine eye drops...Instill 1 drop in each eye twice daily...Piroxicam 20 mg capsule...1 capsule daily...Take with food." Client #6 ate his breakfast at 7:15 A.M.. At 6:55 A.M., DSP #2 administered client #8's Levothyroxine 100 mcg (microgram)</p>		<p>Sheets.</p> <p>Starting on 9/18/14, the Program Director, Home Manager, and/or Program Nurse will complete daily (7 days a week) medication administration observations for two weeks.</p> <p>After the two weeks, the Home Manager, Program Director, and/or Program Nurse will complete five (5) weekly medication administration observations to ensure that the medication goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs.</p> <p>After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly medication administration observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed.</p> <p>After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed.</p> <p>Ongoing each DSP will complete Medication Administration as expected by IndianaMENTOR's policy and procedures. ResponsibleParty: Home Manager and Program Director</p>	

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W000383	<p>(hypothyroid) tablet with water. Review of the medication label and MAR dated 7/1/14 to 7/31/14 was conducted on 7/22/14 at 7:00 A.M. and indicated: "Levothyroxine 100 mcg tablet...1 tablet at least 1/2 hour before food." Client #8 ate her breakfast at 7:15 A.M.. At 7:15 A.M., DSP #2 administered client #1's Levothyroxine 100 mcg tablet with applesauce. Review of the medication label and MAR dated 7/1/14 to 7/31/14 was conducted on 7/22/14 at 7:18 A.M. and indicated "Levothyroxine 100 mcg tablet (hypothyroidism)...1 tablet daily...Take at least 1/2 hour before food." Client #1 ate breakfast at 7:20 A.M..</p> <p>An interview with the facility's nurse was conducted on 7/28/14 at 1:00 P.M.. The nurse indicated clients #1, #6 and #8's medications should have been administered as directed on the label and MAR.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area.</p>			

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	<p>Based on observation and interview, the facility failed for 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8), to ensure only authorized persons had access to the keys to the medication lock box and cabinet.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/14 from 5:20 A.M. until 7:50 A.M.. Upon entering into clients #1, #2, #3, #4, #5, #6, #7 and #8's home a set of keys was observed hanging unsecured from a nail next to a closet door directly in front of the front door entrance. At 6:20 A.M., Direct Support Professional (DSP) #2 was observed to retrieve the keys from the nail and opened the closet door, and began administering medications. At 7:20 A.M., DSP #2 hung the medication keys on the nail located in the unsecured/open living area where DSP #1 and clients #1, #2, #3, #4, #5, #6, #7 and #8 sat and walked around.</p> <p>An evening observation was conducted at client #1, #2, #3, #4, #5, #6, #7 and #8's home on 7/22/14 from 4:50 P.M. until 6:30 P.M.. During the entire observation DSPs #2, #3 and #4 walked in and out of the open/unsecured living room, where the medication cabinet was located and</p>	W000383	<p>The keys to the group home medication closet were relocated to a more private area and away from the public eye. The direct care staff will be retrained on keeping the keys put away, out of eyesight, and in a more secure and private location. After the retraining occurs, the Home Manager will complete two (2) weekly medication administration observations to ensure that the administration is being completed according to Indiana MENTOR policy and procedures for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed future retrainings will be completed. Responsible Party: Home Manager and Program Director</p>	08/31/2014

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W000388	<p>where clients #1, #2, #3, #4, #5, #6, #7 and #8 sat. At 5:04 P.M., DSP #4 began administering client #3, #5 and #8's prescribed medications. After administering the medications, DSP #4 placed the keys on the nail located in the unsecured open living room area.</p> <p>An interview with the facility's nurse was conducted on 7/28/14 at 1:00 P.M.. The nurse indicated the keys should only be available to authorized persons and further indicated the person responsible for administering medications should have the keys on them at all times.</p> <p>9-3-6(a)</p> <p>483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 clients observed during morning medication administration (client #6), to have the medication labeled.</p> <p>Findings include:</p>	W000388	<p>TheHome Manager and Program Nurse will be retrained on checking the medication closet no less than weekly. This retraining will include checking all medications for correct labeling.</p> <p>TheHome Manager and/or nurse will call the pharmacy to report</p>	08/31/2014

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W000440	<p>A morning observation was conducted at the group home on 7/22/14 from 5:20 A.M. until 7:50 A.M.. Client #6's medications were administered by Direct Support Professional (DSP) #2 at 6:20 A.M.. A bottle was taken from client #6's medication bin. The bottle did not contain client #6's instructions for administration. The bottle did not contain a pharmacy label. A review (7/22/14 7:50 AM) of the Medication Administration Record (MAR) dated July 1, 2014 to July 31, 2014 was conducted at 6:25 A.M.. The MAR indicated: "Dorzolamide (glaucoma)."</p> <p>An interview with the facility's nurse was conducted on 7/28/14 at 1:00 P.M.. The nurse indicated all medications should be labeled with each client's name and instructions for administration.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills during the morning staff shift (7:00</p>	W000440	<p>any medications that are missing a label for a replacement.</p> <p>After the retraining occurs, the Home Manager will complete two (2) weekly medication administration observations to ensure that the administration is being completed according to Indiana MENTOR policy and procedures and to double check that all medications that are being passed are labeled appropriately for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs.</p> <p>After the initial four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed future retrainings will be completed and to ensure that all medications that are being passed have an appropriate label on them. Responsible Party: Home Manager and Program Nurse</p> <p>All Direct Support Professionals will receive a retraining every other month to ensure that they understand the importance of</p>	08/31/2014

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	<p>A.M. to 3:00 P.M.) during the third quarter (July 1st through September 30th) of 2013 and during the morning staff shift (7:00 A.M. to 3:00 P.M.) and evening staff shift (3:00 P.M. to 11:00 P.M.) during the first quarter (January 1st through March 31st) of 2014 which affected 8 of 8 clients living in the facility (clients #1, #2, #3, #4, #5, #6, #7 and #8.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 7/22/14 at 6:00 P.M.. The review failed to indicate the facility held an evacuation drill for clients #1, #2, #3, #4, #5, #6, #7 and #8 on the morning shift during the third quarter of 2013 and during the morning and evening shifts for the first quarter of 2014.</p> <p>The Group Home Manager (GHM) was interviewed on 7/22/14 at 6:15 P.M.. The GHM indicated the reviewed drills were the only drills available for review.</p> <p>The Area Director (AD) was interviewed on 7/28/14 at 1:00 P.M.. The AD indicated evacuation drills are to be conducted during each quarter for each shift of personnel.</p> <p>9-3-7(a)</p>		<p>completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule.</p> <p>Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met.</p> <p>Ongoing, all completed fire drill reports will be turned in to and reviewed by Quality Assurance for accuracy and thoroughness of each drill.</p> <p>Responsible Party: Home Manager</p>	

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, for 1 of 4 sampled client (client #1), the facility failed to assure the staff provided food in accordance with client's diet order.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/22/14 from 5:20 A.M. to 7:50 A.M.. AT 7:15 A.M., Direct Support Professional (DSP) #2 began cutting client #1's french toast into bite sized pieces. Client #1's french toast was not of a mechanically soft texture.</p> <p>An evening observation was conducted at the group home on 7/22/14 from 4:50 P.M. until 6:30 P.M.. At 6:10 P.M., DSP #4 began cutting client #1's chicken into bite sized pieces. Client #1's chicken was not of a mechanically soft texture.</p> <p>A review of client #1's record was conducted on 7/23/14 at 3:00 P.M..</p>	W000460	<p>The Direct Care Staff will be retrained on client #1's Individualized Support Plan. This includes the mechanically soft diet restrictions, the choking protocol, and meal time staffing requirements. These staff were retrained specifically on cutting up foods, prompting client #1 to slow down while eating and take smaller bites each time.</p> <p>Starting on 9/18/14, the Program Director, Home Manager, and/or Program Nurse will complete daily (7 days a week) meal time observations for two weeks.</p> <p>After the two weeks, the Home Manager, Program Director, and/or Program Nurse will complete five (5) weekly meal time observations to ensure that the meal times are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs.</p> <p>After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly meal time observations for four (4) additional weeks, and will</p>	08/31/2014
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W000484	<p>Review of client #1's Individual Support Plan (ISP) dated 11/29/13 indicated "Receives a mechanically soft diet."</p> <p>An interview with the facility's nurse was conducted on 7/28/14 at 1:00 P.M.. The nurse indicated staff should have followed client #1's diet order of a mechanically soft texture.</p> <p>9-3-8(a)</p> <p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) residing in the group home to provide table knives at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 7/22/14 from 5:20 A.M. until 7:50 A.M.. Beginning at 7:15 A.M., clients #2, #3, #4, #5, #6, #7 and #8</p>	W000484	<p>ensure that all needed retrainings will be completed. After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly meal time observations ongoing, and will ensure that all needed retrainings will be completed. Responsible Party: Program Nurse, Home Manager, and Program Director</p> <p>The Direct Care Staff will be retrained on Indiana MENTOR's policy and procedure for meal time. These staff were retrained specifically on utilizing hand over hand for cutting up foods, ensuring that all appropriate items are available at all meal times, and that family style dining is utilized at all times. Starting on 9/18/14, the Program Director, Home Manager, and/or Program Nurse will complete daily (7 days a week) meal time observations for two weeks.</p>	08/31/2014

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4002 N MOLLER RD INDIANAPOLIS, IN 46254			
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W000488	<p>began eating their breakfast. At 7:20 A.M., client #1 began eating her breakfast. Direct Support Professionals (DSPs) #1 and #2 retrieved a table knife and walked around the table cutting the clients' french toast. No table knives were observed on the table for clients #1, #2, #3, #4, #5, #6, #7 and #8's use.</p> <p>An evening observation was conducted at the group on 7/22/14 from 4:50 P.M. until 6:30 P.M.. Beginning at 6:05 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 began eating their dinner. DSPs #3, #3 and #4 retrieved a table knife from the kitchen and walked around and cut the clients' chicken up. No table knives were observed on the table for clients #1, #2, #3, #4, #5, #6, #7 and #8's use.</p> <p>An interview with the Area Director (AD) was conducted on 7/28/14 at 1:00 P.M.. The AD indicated table knives should be put on the table for the clients to use.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats</p>		<p>After the two weeks, the Home Manager, Program Director, and/or Program Nurse will complete five (5) weekly meal time observations to ensure that the meal times are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly meal time observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed. After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly meal time observations ongoing, and will ensure that all needed retrainings will be completed.</p> <p>ResponsibleParty: Program Nurse, Home Manager, and Program Director</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G378	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/01/2014
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	<p>in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to assure 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8) were involved in meal preparation and served themselves.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 7/22/14 from 5:20 A.M. until 7:50 A.M.. Direct Support Professional (DSP) #1 was observed putting french toast into the microwave as clients #1, #2, #3, #4, #5, #6, #7 and #8 sat in the living room with no activity. Beginning at 7:15 A.M., clients #2, #3, #4, #5, #6, #7 and #8 began eating their breakfast. DSP #1 served clients #1, #4 and #8's french toast on their plates. At 7:20 A.M., client #1 began eating her breakfast. DSPs #1 and #2 walked around the table and spread butter on the clients' french toast and cut the french toast into bites size pieces. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation and clients #1, #4 and #8 did not serve themselves. Clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their meal independently.</p> <p>An evening observation was conducted at</p>	W000488	<p>TheDirect Care Staff will be retrained on Indiana MENTOR's policy and procedurefor meal time and meal time preparations. Thesestaff were retrained specifically on having clients assist during mealpreparations and completing all meal times via family style dining. Afterthe retraining occurs, the Home Manager will complete five (5) weekly meal timeobservations to ensure that the meal times are being completed with each clientas specified for four (4) weeks. These will then be reviewed by the ProgramDirector ensuring that there are no further training needs. Afterthe initial four (4) weeks, the Home Manager and/or Program Director willcomplete two (2) weekly meal time observations for four (4) additional weeks,and will ensure that all needed retrainings will be completed. Afterthe additional four (4) weeks, the Home Manager and/or Program Director willcomplete weekly meal time observations ongoing, and will ensure that all neededretrainings will be completed.</p> <p>ResponsibleParty: Program Nurse, Home Manager, and Program Director</p>	08/31/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G378	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/01/2014
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	<p>the group on 7/22/14 from 4:50 P.M. until 6:30 P.M.. Beginning at 6:05 A.M., DSPs #2, #3 and #4 served clients #1 and #8's food onto their plates, clients #1, #2, #3, #4, #5, #6, #7 and #8 began eating their dinner. DSPs #2, #3 and #4 retrieved a table knife from the kitchen and walked around and cut the clients' chicken up. No table knives were observed on the table for clients #1, #2, #3, #4, #5, #6, #7 and #8's use.</p> <p>An interview with the Area Director (AD) was conducted on 7/28/14 at 1:00 P.M.. The AD indicated clients were capable of assisting in meal preparation and serving themselves and further indicated they should be assisting in preparation and serving themselves at meal time.</p> <p>9-3-8(a)</p>				