

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G568		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/30/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 7740 ALLISONVILLE RD INDIANAPOLIS, IN 46250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for the investigation of complaint #IN00109860.</p> <p>This visit was in conjunction with the post certification revisit to the fundamental recertification and state licensure survey completed on 5/1/12.</p> <p>Complaint #IN00109860: Substantiated, federal and state deficiency related to the allegation(s) is cited at W210.</p> <p>Dates of Survey: 7/18/12, 7/19/12, 7/27/12 and 7/30/12.</p> <p>Facility Number: 001082 Provider Number: 15G568 AIM Number: 100245520</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 8/7/12 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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W0210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on interview and record review for 1 of 4 sampled clients (A), the IDT (Interdisciplinary Team) failed to assess client A's need for a guardian.</p> <p>Findings include:</p> <p>Day service staff (DSS) #1 was interviewed on 7/19/12 at 9:45 AM. DSS #1 stated, "I just don't think they (Rem-Indiana) are helping [client A] reach his goals. [Client A] has so much potential and he just doesn't have anybody to stand up for him to help him become independent. [Client A] is capable of doing so much more but without somebody to help him make decisions and support him he just sits in that group home and isn't getting anywhere. [Client A] doesn't have a guardian or advocate. [Client A] talks about his uncle sometimes but the uncle does not come around anymore. When [client A's] brother comes around [client A] ends up giving him money or getting drunk and in trouble. [Client A] doesn't have any other family that will take care of him or help him with things like his finances or</p>	W0210	<p>Interdisciplinary team will convene to determine the need for a State appointed guardian for client A. Program Director will assess the need of guardianship for all clients in the Home. Program Director and Home Manager will have mandatory paperwork completed to obtain State appointed guardianship. Responsible Parties: Home Manager, Program Director Completion Date: 8/29/12</p>	08/29/2012

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	<p>clothing or getting out of the group home and on with his life."</p> <p>DSS #2 was interviewed on 7/19/12 at 10:15 AM. DSS #2 stated, "[Client A] needs a guardian. [Client A's] family does not have anything to do with him and [client A] doesn't always make good decisions with things. There was an uncle that used to come around but hasn't had anything to do with [client A] in a long time. [Client A] should have somebody that can help him with his money and goals. [Client A] has a lot of ambition to do things with his life but needs more support like from a guardian."</p> <p>Client A was interviewed on 7/19/12 at 10:20 AM. Client A indicated his uncle was his health care representative. Client A stated, "I haven't heard from [uncle] in a long time. He used to come around and hang out but not in a long time."</p> <p>Client A's record was reviewed on 7/19/12 at 1:45 PM. Client A's Appointment of Health Care Representative form dated 4/1/09 indicated client A's uncle had been appointed as his health care representative. Client A's ISP (Individual Support Plan) indicated client A was emancipated with his uncle as his healthcare representative. Client A's ISP</p>						

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	<p>dated 10/21/11 indicated his uncle/ healthcare representative did not respond to the invitation to participate in the IDT (Interdisciplinary Team) meeting to develop the ISP. Client A's ISP indicated, "...[Client A] does require 24 hour supervision (sic) [Client A] is emancipated but cannot make informed consent (sic) his uncle and health care representative are involved in consent for [client A]." Client A's ISP indicated client A needed assistance to make decisions. Client A's Interdisciplinary Diagnostic and Evaluation Form dated 10/20/08 indicated, "[Client A] would likely benefit from having a legal guardian to assist him with major decision making." Client A's Risk Management form dated 10/21/11 indicated client A, "Presents a risk" in the area of "Mental/ emotional condition affecting judgment (sic)." Client A's Risk Management form dated 10/21/11 indicated, "[Client A's] judgement is affected by his lack of impulse control. [Client A] needs 24 hour supervision and staff assistance in prompting him to control his actions." Client A's record did not indicate an IDT assessment regarding client A's need for a surrogate or guardian.</p> <p>Program Director (PD) #1 and Home Manager (HM) #1 were interviewed on 7/19/12 at 12:08 PM. PD #1 and HM #1</p>						

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	<p>indicated client A had his uncle as his health care representative. PD #1 stated, "[Client A's] [uncle] is not really involved. It has really gone down hill. He will not return our calls or come to meetings. [Uncle] used to come to the house and hang out or take [client A] out. [Uncle] used to have [client A] cut his grass to earn some extra money." When asked if client A needed a guardian, PD #1 stated, "Well, we're not sure. We talked about it, maybe we should proceed with trying to get [client A] one. We just feel, you know, family is first but [client A's] family just isn't involved."</p> <p>This federal tag relates to complaint #IN00109860.</p> <p>9-3-4(a)</p>				