

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/30/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G599		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/19/2023	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 860 W 65TH LN MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
W 0000 Bldg. 00	<p>This visit was for the Post Certification Revisit (PCR) to the pre-determined full recertification and state licensure survey and the investigation of complaints #IN00407643 and #IN00408581 completed on 6/5/23.</p> <p>Complaint #IN00407643: Not corrected.</p> <p>Complaint #IN00408581: Not corrected.</p> <p>Dates of Survey: July 18 and 19, 2023.</p> <p>Facility Number: 001113 Provider Number: 15G599 Aims Number: 100245610</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/2/23.</p>			W 0000	<p>The two remaining complaints have been addressed in 104 and 352</p> <p>Responsible Party: Program Supervisor, Program Director, Area Director, Nurse</p>		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 2 of 3 sample clients (B and C), plus 3 additional clients (D, E, and F), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 7/18/23 from 3:45 pm to 5:00 pm. Clients B, C,</p>			W 0104	<p>The governing body and management exercises general policy, budget, and operating direction over the facilities maintenance needs. The incomplete painting project in the home led to the termination of the contractor that was originally hired. A new contractor Signature Painting and home remodeling has been hired to paint all of the walls</p>		09/15/2023

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

TITLE

(X6) DATE

Timothy Czarnecki

Regional Director

08/22/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>D, E, and F were present in the home throughout the observation period.</p> <p>1. Throughout the home, in the dining room, bedrooms, and hallways, the top two thirds of the walls had been painted, but the bottom third had not. Furniture was moved away from the walls.</p> <p>House Manager (HM) #1 was interviewed 7/18/23 at 4:00 pm and stated, "The guy doing the painting was not doing a good job. We fired him and are looking to hire someone else."</p> <p>2. In the bathroom, there was a crack in the top of the side wall of the bathtub measuring 2 feet in length.</p> <p>3. In clients D and E's shared bedroom, a piece of vinyl flooring had come loose under a bed and was folded up with a gap of 4 inches between the piece of flooring and the sub floor.</p> <p>HM #1 was interviewed on 7/18/23 at 4:00 pm and stated, "When they moved the bed, it tore up the floor. It needs to be fixed.</p> <p>Area Director (AD) #1 was interviewed on 7/19/23 at 11:30 am and stated, "We tried to get a contractor who had done other work for us, and he did a horrible job. He wasn't considerate of the individuals, and he made a bigger mess than there was to begin with. We are in the process of determining whether we will hire someone else or do it ourselves." AD #1 indicated the paint should be finished, and the bathtub and flooring should be addressed.</p> <p>This deficiency was cited on 6/5/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				<p>in the home, and is scheduled to begin work on 9/1/23. The crack in the top of the side wall of the bathtub was patched on 8/15/23. The vinyl flooring in client D and E's shared bedroom was fixed on 8/8/23.</p> <p>The Program Supervisor and Program Director will complete weekly in home environmental checks to ensure all maintenance issues are identified, documented, and addressed as they occur.</p> <p>Responsible Person: Program Supervisor, Program Director, Area Director</p>		

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W 0352 Bldg. 00	<p>This federal tag relates to complaints #IN00407643 and #IN00408581.</p> <p>9-3-1(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.</p> <p>Based on record review and interview for 1 of 3 sample clients (C), the facility failed to ensure client C had a dental exam completed at least annually.</p> <p>Findings include:</p> <p>Client C's record was reviewed on 7/19/23 at 11:30 am and indicated his most recent dental assessment was completed on 1/27/22.</p> <p>Area Director (AD) #1 was interviewed on 7/19/23 at 11:30 am and stated, "He should go to the dentist annually. I do not have documentation of an appointment. We think he went in January 2023, but we do not have documentation. We need to follow up to get the paperwork."</p> <p>This deficiency was cited on 6/5/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>			W 0352	<p>The governing body and management exercises general policy, and operating direction over the facility's responsibility to ensure comprehensive dental diagnostic services being performed upon admit and annually thereafter.</p> <p>Individual C did attend the dentist on 7/18/23, but the documentation was not found during the survey. See attached dental appointment form showing results from Individual C's annual dental exam as required.</p> <p>Responsible Staff: Program Supervisor, Program Director, Area Director, Nurse</p>		08/22/2023
W 9999 Bldg. 00				W 9999	The two remaining complaints		09/15/2023

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