STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G599	A. BUILDING 00 B. WING	03/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
REM-INDIANA INC	860 W 65TH LN MERRILLVILLE, IN 46410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for the Post Certification Revisit (PCR) to the PCR completed on 2/1/23 to the PCR completed on 10/6/22 to the PCR completed on 8/17/22 to the recertification and state licensure survey completed on 2/15/22. This visit was done in conjunction with the PCR completed on 2/1/23 to the PCR completed on 10/6/22 to the investigation of complaint #IN00383687 completed on 8/17/22. Dates of Survey: March 22, 23, and 24, 2023. Facility Number: 001113 Provider Number: 15G599 Aims Number: 100245610 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/31/23.	W 0000		
W 0192 Bldg. 00	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on record review and interview for 1 of 3 sample clients (B), the facility failed to ensure staff working in the home were trained by the facility nurse to implement client B's Rectal Protocol. Findings include: Client B's record was reviewed on 3/23/23 at 10:45 am. Client B's record did not include instruction from a	W 0192	**W192-The facility has procedures in place to train all staff on individualized client training with focus on health needs prior to working with individuals.** **High Risk Protocols were updated by the RN and reviewed by the Director of**	04/21/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Lindsey Van Dyken | Area Director | 04/10/2023

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	physician to address client B's rectal prolapse. Client B's Rectal Protocol dated 3/1/23 indicated the following: "Place palm of hand at the end of the protrusion. Gently push the prolapsed portion in. If rectum is protruding less than 2" (inches) (about thumb length): apply Preparation H (used to treat hemorrhoids) and give Ibuprofen (pain reliever) or Tylenol (pain reliever). If no rectal reduction within an hour, or any bleeding, extreme pain, or out more than 2", still give Ibuprofen or Tylenol as ordered and take her to [hospital] ER (emergency room). If signs and symptoms are worse, call 911." Direct Support Professional (DSP) #1 was interviewed on 3/22/23 at 6:45 pm and stated, "If [client B's] rectum is out, we give her Tylenol. Sometimes we soak her in the shower to see if it'll go back up. If it doesn't go back, we call the house manager." DSP #1 stated, "She screams when it happens. We definitely know." DSP #1 stated, "We aren't trained to 'push it back in.' That's why we call the call the manager." DSP #1 stated, "When there is a problem, we call the house manager, and she calls the nurse. We don't have the nurse's contact information." DSP #1 stated, "The house manager is on leave, so we call the [Qualified Intellectual Disabilities Professional (QIDP)] now." Registered Nurse (RN) #1 was interviewed on 3/23/23 at 1:00 pm and stated, "Staff are supposed to try to push the prolapse back in first. The staff have been trained. They read over the packets with the training materials before they begin working." RN #1 stated, "Putting her in the shower is not part of the protocol." RN #1 stated, "The newer staff haven't been trained. I haven't done any training on the updated plan. The		**Nursing. Direct Support Professionals were trained on Client E's Oxygen and COPD High Risk Protocols and Client B's Rectal Protocol on 3/30/2023 and 4/5/2023. QIDP will complete at minimum two weekly in person checks to ensure staff comprehension and compliance with new protocols. The Nurse will train Direct Support Professionals on new or updated medical high risk protocols. Direct Support Professional training will occur upon implementation of the protocol.** **Management staff re-trained on 4/6/2023 on individualizing protocols to ensure they provide clear and specific instruction for staff to follow to ensure the health and safety of the individuals.** **Person Responsible: Area Director, QIDP, Nurse, and Program Supervisor.**	

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	House Manager does the training." Area Director (AD) #1 was interviewed on 3/24/23 at 9:15 am and stated, "To my knowledge, the house staff were trained on everyone's high risk plans, but I can't find the training sheets." AD #1 stated, "Staff should be trained on the rectal plan by the nurse." Director of Nursing (DON) #1 was interviewed by phone on 3/24/23 at 10:15 am and stated, "We need a physician order. If [client B] doesn't have a physician order on record, she needs to go to the doctor to see what they recommend." DON #1 stated, "If we have authorization from the doctor, the nurse should do the training with the staff." 9-3-3(a)			
W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 additional client (E), the facility failed to ensure client E's high risk plans to address her oxygen needs were specific. Findings include: An observation was conducted on 3/22/23 from 6:00 pm to 7:15 pm. Client E was present in the home throughout the observation period. Throughout the observation period, client E used a portable oxygen concentrator set to 3L (liters). Client E's record was reviewed on 3/23/23 at 11:00 am.	W 0240	**W240-The facility implements individual program plan reviews to ensure interventions support the individuals towards independence.** **Client E's Oxygen and COPD High Risk Protocols were updated by the RN and reviewed by the Director of Nursing. Client B's Rectal High Risk Protocol was updated by the RN and reviewed by the Director of Nursing. Staff were trained on these updated protocols on 3/30/23 and 4/5/2023. QIDP will complete at**	04/23/2023

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	Client E's hospital discharge dated 4/25/22 indicated the following: "Order - Oxygen; Concentrator, Portable Concentrator; Nasal Cannula; 2 L; 99 months. Equipment: Oxygen Concentrator. Portable Concentrator." Client E's Low Oxygen Protocol dated 5/3/22 indicated client E used an Astral Unit (provides oxygen) during sleeping hours. - The protocol did not indicate client E's full time use of oxygen during waking hours. Client E's COPD (Chronic Obstructive Pulmonary Disease) Protocol dated 5/3/22 indicated the following: "Interventions: - Oxygen if ordered by physician at 2L per minute with activity." - The protocol did not indicate client E's full time use of oxygen during waking hours. Area Director (AD) #1 was interviewed on 3/24/23 at 9:45 am and stated, "[Client E] is on oxygen full time. The plans should indicate very specific instructions on when and how to use and maintain the oxygen machine." Director of Nursing (DON) #1 was interviewed by phone on 3/24/23 at 10:15 am and stated, "The plans need to be very specific and staff need to know what the machine should be set at." DON #1 stated, "It would be possible for the oxygen to be bumped and accidentally moved to another setting. The plans should indicate staff should check the settings on every shift." This deficiency was cited on 2/1/23. The facility failed to implement a systemic plan of correction to prevent recurrence.		**minimum two weekly in person checks to ensure staff comprehension and compliance with new protocols.** **Management staff re-trained on 4/6/2023 on individualizing protocols to ensure they provide clear and specific instruction for staff to follow to ensure the health and safety of the individuals.** **Person Responsible: AD, QIDP, Nurse, Program Supervisor**	

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W 9999 Bldg. 00		W 9999	W_9999 The facility has remedied identified issues. Persons Responsible: Area Director, Program Director (QIDP), Program Supervisor.	04/21/2023