

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G407	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/03/2012
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2113 E KESSLER BLVD INDIANAPOLIS, IN 46220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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 survey was for the investigation of complaint #IN00112548.</p> <p>Complaint #IN00112548: Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: August 2 and 3, 2012</p> <p>Facility number: 000921 Provider number: 15G401 AIMS number: 100249310</p> <p>Surveyor: Brenda Nunan, RN, CDDN, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 8/13/12 by Tim Shebel, 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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W0149	<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.</p> <p>Based on interview and record review, the facility neglected to implement their policy and procedures to prevent and thoroughly investigate allegations of abuse/neglect/injury of unknown origin for 3 of 4 incidents reviewed for allegations of abuse/neglect/injury of unknown origin for 2 of 4 sampled clients (clients A and B).</p> <p>Findings include:</p> <p>The facility's reportable incident reports and investigations were reviewed on 08/02/2012 at 11:33 a.m.</p> <p>1. An Indiana Division of Disability and Rehabilitation Services incident report, dated 05/30/2012 at 4:30 p.m., indicated, "...[Client A] hit [client B] after [client B] told him to shut up. [Client B] in return, scratched [client A] on the arm, causing minor injuries...." The record did not indicate an investigation had been completed for client to client abuse (physical aggression).</p> <p>2. An Indiana Division of Disability and Rehabilitation Services incident report, dated 07/08/2012 at 5:30 p.m. indicated,</p>	W0149	<p>The Program Director will be retrained on completing a thorough investigation, specifically on ensuring that all parties involved are questioned regarding the related incident.</p> <p>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.</p> <p>Ongoing, all investigations will be reviewed by both the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed and that the investigation is completed thoroughly.</p> <p>Completion Date: 9-2-2012 Responsible Party: Home Manager and Program Director</p>	09/02/2012			

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	<p>"...[Client A] had a small scratch above his right eye. Staff does not know how it got there nor did [client A]...." The record did not indicate an investigation was completed for the injury of unknown origin.</p> <p>An April 2011 policy, titled "Quality and Risk Management" was reviewed on 08/02/2012 at 12:15 p.m. The policy indicated, "...Indiana MENTOR promotes a high quality of services and seeks to protect individuals...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...shall be reported to adult protective services...Indiana MENTOR is committed to ensuring the individuals we serve are provided with a safe and quality living environment...Indiana MENTOR is committed to completed a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee. Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident...."</p>				

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	<p>During an interview on 08/02/2012 at 11:50 a.m., the Area Director indicated an investigation had not ben completed for the allegation of client to client abuse (physical aggression) for clients A and B that occurred on 05/03/2012. She indicated an investigation of an injury of unknown origin had not been completed for the injury reported for client A on 07/08/2012.</p> <p>This Federal tag relates to complaint #IN00112548</p> <p>9-3-2(a)</p>				

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on interview and record review, the facility failed to investigate allegations of abuse/neglect/injury of unknown origin for 3 of 4 incidents reviewed for allegations of abuse/neglect/injury of unknown origin for 2 of 4 sampled clients (clients A and B).</p> <p>Findings include:</p> <p>The facility's reportable incident reports and investigations were reviewed on 08/02/2012 at 11:33 a.m.</p> <p>1. An Indiana Division of Disability and Rehabilitation Services incident report, dated 05/30/2012 at 4:30 p.m., indicated, "...[Client A] hit [client B] after [client B] told him to shut up. [Client B] in return, scratched [client A] on the arm, causing minor injuries...." The record did not indicate an investigation had been completed for client to client abuse (physical aggression).</p> <p>2. An Indiana Division of Disability and Rehabilitation Services incident report, dated 07/08/2012 at 5:30 p.m. indicated, "...[Client A] had a small scratch above his right eye. Staff does not know how it</p>	W0154	<p>The Program Director will be retrained on completing a thorough investigation, specifically on ensuring that all parties involved are questioned regarding the related incident.</p> <p>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.</p> <p>Ongoing, all investigations will be reviewed by both the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed and that the investigation is completed thoroughly.</p> <p>Completion Date: 9-2-2012 Responsible Party: Home Manager and Program Director</p>	09/02/2012			

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	<p>got there nor did [client A]...." The record did not indicate an investigation was completed for the injury of unknown origin.</p> <p>During an interview on 08/02/2012 at 11:50 a.m., the Area Director indicated an investigation had not ben completed for the allegation of client to client abuse (physical aggression) for clients A and B that occurred on 05/03/2012. She indicated an investigation of an injury of unknown origin had not been completed for the injury reported for client A on 07/08/2012.</p> <p>This Federal tag relates to complaint #IN00112548</p> <p>9-3-2(a)</p>						