

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G512		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/12/2012	
NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 355 SHEFFIELD VALPARAISO, IN 46383			
(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 #IN00119929.</p> <p>Complaint #IN00119929: Substantiated, Federal/state deficiencies related to the allegation(s) are cited at W154.</p> <p>Dates of Survey: 12/3, 12/4, 12/5 and 12/12/12</p> <p>Facility Number: 001026 AIMS Number: 100245160 Provider Number: 15G512</p> <p>Survey team: Paula Chika, Medical Surveyor III-Team Leader Christine Colon, Medical Surveyor III</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed December 14, 2012 by Dotty Walton, 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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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on 1 of 1 allegation of abuse and/or neglect reviewed, the facility failed to conduct a thorough investigation as all staff were not interviewed in regard to the allegation of neglect with client A.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 12/3/12 at 3:10 PM and indicated on 11/16/12:</p> <p>"Staff reported today that when she was at the group home, [client A] was eating ravioli that was just 'smashed up.' When she asked about his dining plan, the GH (group home) Manager stated that they don't always puree his food. GH Manager was immediately placed on suspension. An internal investigation was initiated. [Client A's] physician was notified of the news who promptly requested that [client A] be taken into the ER (emergency room) for an esophageal xray to ensure there is no food lodged and that he has no aspiration. Investigation will continue and results of said investigation and the ER report will be submitted upon completion...Staff at the home will be</p>	W0154	The staff responsible for investigations will be retrained on investigative procedure, including that all relevant staff will be interviewed as part of an investigation. Training will be done by the Vice President of Consumer Services. To ensure ongoing compliance, the Vice President of Consumer Services will be consulted during investigations to ensure a thorough investigation is completed. The Vice President will review all completed investigations.	01/11/2013			

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	<p>given a verbal reminder immediately to puree all [client A's] food according to his dining plan."</p> <p>The facility's 11/20/12 follow-up report indicated, "The investigation into the allegation of neglect was not substantiated. In speaking with the GH manager, she reported that all dining plans in the home are followed and she is very strict about this for all consumers. She states she doesn't know why anyone would say that she made such a comment. She has a checklist that shows that a staff, secondary to the person packing lunches, even approves that food is prepared according to the prescribed plan. She states that knowing he had just been released from the hospital and that he has ongoing issues, she would never consider not pureeing his food. Nevertheless, in light of the allegation, she was counseled about the importance of following the dining plans and further, she called the home the very night of the allegation to ensure all staff there are to continue preparing his food (and others) according to their plans. It is felt that all other risk plans are also being followed and the checklists are in the home. It is confirmed with the day program that his food is coming pureed. No other staff have reported or had concerns with the preparation of his food. The xrays did not</p>			

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	<p>show any lodged food or aspiration. [Client A] was released to home...."</p> <p>An 11/21/12 follow-up report indicated "...The reporting relief staff states she thought this is what she heard. It may have been stated as a joke-and the GHM (group home manager) was counseled that it is no joking matter and that if she did say it as a joke-others may not always perceive it as such and (sic) should not be joked about...." The 11/21/12 follow-up report further indicated "...No. it does not appear as though this contributed to his medical issue. As indicated previously, [client A] was released with no further diagnoses and had no signs of aspiration/obstructions."</p> <p>Another 11/26/12 follow-up report indicated a call was made to the client's physician as client A had vomited at the workshop. The follow-up report indicated when the facility was interviewing the day service staff about client A's vomiting, "...It was at this time that the additional details came forth about staff previously having heard the comment about not pureeing the food. When that information came forth, the investigation was initiated and the GHM was placed on suspension...."</p> <p>The facility's 11/21/12 Final Report</p>			

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	<p>indicated the facility conducted and completed their investigation into the allegation of neglect on 11/16/12. The investigation indicated the allegation was "Unsubstantiated." The 11/21/12 investigation also indicated the staff who made the allegation, the GHM and the Qualified Developmental Disabilities Professional-Designee (QDDP-D) were interviewed along with the day program. The facility's investigation did not indicate any additional staff and/or clients interviews were conducted.</p> <p>Interview with staff #2 on 12/3/12 at 6:20 PM indicated client A's diet should be pureed. Staff #2 indicated the new staff in the home would sometimes have trouble getting clients' food to a pureed consistency. Staff #2 stated, "They are not as good as other staff who have been here." Staff #2 also stated "I don't do it that often. Cooking is not my specialty."</p> <p>Interview with the Social Service Senior Director (SSSD) on 12/12/12 at 11:40 AM indicated she conducted the investigation of the 11/16/12 allegation of neglect. The SSSD indicated the allegation was not substantiated. The SSSD indicated she interviewed the group home manager, staff #5 who made the report, and the QDDP-D. The SSSD indicated she did not interview any</p>			

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	<p>additional staff and/or clients.</p> <p>This federal tag relates to complaint #IN00119929.</p> <p>9-3-2(a)</p>			