

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G667	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/29/2012
NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 203 APPLETREE VALPARAISO, IN 46383		
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: June 25, 26, 27, 28 and 29, 2012.</p> <p>Facility number: 001225 Provider number: 15G667 AIM number: 100234200</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/16/12 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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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 3 of 3 sampled clients (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/25/12 from 5:40 A.M. until 7:45 A.M.. During the entire observation period clients #1, #2 and #3 sat in the living room. Direct Support Professionals (DSP) #1 and #2 would occasionally walk through and visually check on clients #1, #2 and #3 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>An evening observation was conducted at the group home on 6/25/12 from 4:40 P.M. until 6:15 P.M.. During the entire observation period clients #1, #2 and #3 sat in the living room. Direct Support Professionals (DSP) #1, #3, #4 and #5 would occasionally walk through and</p>	W0249	Staff were retrained on 7/19/12 on the implementation and importance of active treatment. The QDDP-D and Lead manager will ensure future compliance by monitoring active treatment during monthly house visits.	07/29/2012			

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	<p>visually check on clients #1, #2 and #3 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>A review of client #1's records was conducted on 6/26/12 at 10:50 A.M.. A review of the client's 1/5/12 Individual Support Plan indicated the following objectives which could have been implemented during the 6/25/12 morning and evening observation periods: "Will separate clothes into like colors...Use communication device daily...Identify a quarter and dime in a coin lineup...Participate in a social activity."</p> <p>A review of client #2's records was conducted on 6/26/12 at 11:15 A.M.. A review of the client's 4/27/12 Individual Support Plan indicated the following objectives which could have been implemented during the 6/25/12 morning and evening observation periods: "Pick dollar out of money lineup...Pack her entree for lunch...Use her communication book to communicate...Participate in a social activity...Exercise."</p> <p>A review of client #3's records was conducted on 6/26/12 at 11:30 A.M.. A review of the client's 3/26/12 Individual Support Plan indicated the following objectives which could have been</p>						

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	<p>implemented during the 6/25/12 morning and evening observation periods: "Dust her bedroom...Participate in a social activity."</p> <p>The Qualified Mental Retardation Professional Designee (QMRPD) was interviewed on 6/29/12 at 10:20 A.M.. The QMRPD stated client objectives should be implemented "during times of opportunity." The QMRPD further indicated clients #1, #2 and #3 should have been provided with meaningful active treatment activities during the 6/25/12 morning and evening observation periods.</p> <p>9-3-4(a)</p>						

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W0322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #3) to provide a follow up hearing evaluation/assessment as recommended by the audiologist.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 6/26/12 at 11:30 A.M.. Client #3's record indicated a most current hearing evaluation dated 6/22/09 with the recommendation to follow up in 6/2012. Client #3's record did not contain evidence she followed up in 6/2012 as recommended by the physician.</p> <p>The Qualified Mental Retardation Professional Designee (QMRPD) was interviewed on 6/29/12 at 10:20 A.M.. The QMRPD indicated client #3 was overdue for her hearing exam. The QMRPD further indicated client #3 was to follow up as recommended by the physician.</p> <p>9-3-6(a)</p>	W0322	Client #3 hearing evaluation is scheduled for 8/21/12. To ensure future appointments are completed in the appropriate time frame, the QDDP-D and Nurse will monitor monthly at IDT meetings.	07/29/2012	

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed to prompt and teach the use of adaptive equipment for 2 of 3 sampled clients who were recommended the use of communication devices (clients #1 and #2).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/25/12 from 5:40 A.M. until 7:45 A.M. and 6/25/12 from 4:40 P.M. until 6:15 P.M.. During both observation periods client #1 was observed to not be understood by staff while communicating and client #2 was observed to not communicate in her home. Clients #1 and #2 were not observed utilizing communication devices or sign language.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 6/26/12 at 10:50 A.M.. Review of client #1's record indicated an Individual Support Plan (ISP) dated 1/5/12 which indicated: "Use</p>	W0436	On 7/19/12, staff were retrained on having consumers utilize adaptive equipment. Client # 1 and # 2 have goals to address the utilization of their communication devices. The QDDP-D and Lead manager will monitor the use of adaptive equipment at monthly house visits.	07/29/2012	

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	<p>communication device daily...Will be encouraged to use communication device and sign language...Adaptive equipment: Communication cards and device."</p> <p>A review of client #2's record was conducted at the facility's administrative office on 6/26/12 at 11:15 A.M.. Review of client #2's record indicated an ISP dated 4/27/12 which indicated: Use her communication book to communicate...Should be encouraged to use her communication system daily...Adaptive equipment: Communication picture books...overlays for her 'talker'."</p> <p>An interview with the Qualified Mental Retardation Professional Designee (QMRPD) was conducted at the facility's administrative office on 6/29/12 at 10:20 A.M.. The QMRPD indicated clients #1 and #2 should have used their communication devices at all times to communicate.</p> <p>9-3-7(a)</p>			

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, during medication administration, for 1 of 3 clients observed during medication administration (client #3), whose oral medication was popped out of the container, fell onto the unsanitized medication cart and was administered.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/25/12 from 5:40 A.M. until 7:45 A.M.. At 6:45 A.M., Direct Support Professional (DSP) #1 was observed to pop client #3's Hydrochlorot 12.5 mg (milligram) capsule (diuretic) out of the packet. The medication was observed to fall onto the medication cart. DSP #1 was observed to pick the medication up off of the unsanitized medication cart with her bare hands and place it into a souffle cup and hand the souffle cup to client #3 for administration.</p> <p>An interview with the Qualified Mental Retardation Professional Designee (QMRPD) was conducted on 6/29/12 at</p>	W0455	<p>On 7/19/12, staff were retrained on policy #6331 destruction of medications. This policy includes the procedure to be followed when a medication is dropped. Future compliance with this policy will be monitored through monthly house visits by the agency nurse and QDDP-D.</p>	07/29/2012

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	10:20 A.M.. The QMRPD indicated DSP #1 should have properly discarded the medication that fell onto the medication cart and administered others out of the package. 9-3-7(a)			

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation, record review and interview, the facility failed for 5 of 6 clients (clients #1, #2, #3, #4 and #5) living in the group home to provide condiments and butter knives at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/25/12 from 5:40 A.M. until 7:45 A.M.. At 6:00 A.M., clients #1, #2, #3, #4 and #5 ate breakfast which consisted oat cereal, oatmeal and cream of wheat and dry toast. There was no butter, jelly, sugar/sugar substitute, cinnamon or milk available for each client to use. Direct Support Professionals (DSP) #1 and #2 failed to offer condiments to clients #1, #2, #3, #4 and #5 for their food.</p> <p>An evening observation was conducted at the group home on 6/25/12 from 4:40 P.M. until 6:15 P.M.. At 6:00 P.M., clients #1, #2, #3, #4 and #5 ate dinner which consisted of pasta, salad, cauliflower and pears. DSP #5 was observed cutting the pears up with a knife</p>	W0484	On 7/19/12, staff were retrained on dining procedures. Training included providing appropriate silverware for each consumer to use, condiments should be accessible to all consumers during meals, and consumers should be involved in meal preparation and serving themselves. The QDDP-D and Lead Manager will monitor compliance with these procedures as monthly house visits.	07/29/2012			

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	<p>for each client. There were no butter knives available for each client to use. Direct Support Professionals (DSP) #1, #3, #4 and #5 failed to offer butter knives to clients #1, #2, #3, #4 and #5 for their food.</p> <p>An interview with the Qualified Mental Retardation Professional Designee (QMRPD) was conducted on 6/29/12 at 10:20 A.M.. The QMRPD indicated condiments and knives should be put on the table for the clients to use.</p> <p>9-3-8(a)</p>			

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to assure 5 of 5 clients observed during meal time (clients #1, #2, #3, #4 and #5), were involved in meal preparation or served themselves.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 6/25/12 from 5:40 A.M. until 7:45 A.M.. From 5:40 A.M. until 6:00 A.M., clients #1, #2, #4 and #5 sat in the living room with no activity. At 6:00 A.M., clients #1, #2, #4 and #5 entered the dining area and sat at the dining table where their already prepared bowl of cereal and piece of toast was. Clients #1, #2, #3, #4 and #5 ate their meal independently. Clients #1, #2, #4 and #5 did not assist in meal preparation and did not serve themselves.</p> <p>An evening observation was conducted at the group on 6/25/12 from 4:40 P.M. until 6:15 P.M.. From 4:40 P.M. until 6:00 P.M., clients #1, #2, #3, #4 and #5 sat in the living room with no activity. At 5:10 P.M., Direct Support Professional #5 began putting yogurt into individual plastic containers. DSP #5 then put left</p>	W0488	See Plan of Correction for W249 and W484.	07/29/2012			

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	<p>over taco meat, cut up tortillas and cheese into individual containers. Clients #1, #2, #3, #4 and #5 did not assist in preparing their lunches for day program.</p> <p>An interview with the Qualified Mental Retardation Professional Designee (QMRPD) was conducted at the administrative office on 6/29/12 at 10:20 A.M.. The QMRPD indicated clients were capable of assisting in meal preparation and serving themselves and further indicated they should be assisting in meal preparation and serving themselves at meal times.</p> <p>9-3-8(a)</p>			