

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G343	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/19/2012
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304		
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W0000	<p>This visit was for a full recertification and state licensure survey.</p> <p>Dates of survey: January 11, 12, 13, 17 and 19, 2012.</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 000859 Provider Number: 15G343 AIMS Number: 100244170</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality review completed on 01/31/2012 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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W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed to implement their abuse/neglect policy by not reporting timely 1 of 1 allegations of staff to client abuse to the administrator and failed to implement its BDDS (Bureau of Developmental Disabilities Services) policy regarding 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Review on 1/11/12 at 2:25 PM of the facility's records was conducted and included BDDS incident reports and investigation notes. One incident that took place on 8/1/11 but not reported to BDDS until 8/3/11 indicated the following:</p> <p>Client #1 indicated on 8/3/11 staff #1 pulled the covers off her bed on the morning of 8/1/11 in an effort to wake her up in the morning.</p> <p>Interview notes, conducted by the ARC (Area Residential Coordinator) dated 8/3/11 with client #1 indicated staff #1 wakes her up at 5:30 AM sometimes and "jerks" off her covers and tell her to get up before anyone else gets up. Client #1</p>	W0149	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The importance of reporting concerns of possible abuse and/or neglect was reviewed with the staff on 1-19-12 and again at their team meeting on 1-25-12. · Counseling was completed with staff #2 on 8-10-11 for failing to report the incident she observed timely. · Programming has been put in place for client #1 regarding reporting abuse timely and following the correct process to file a complaint. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The importance of reporting abuse and neglect concerns timely was reviewed with the RC's at their area meeting on 2-9-12. 	02/18/2012			

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	<p>indicated staff #1 does this "every single time when she works in the morning when she works." Client #1 indicated she waited to tell the RC (Residential Coordinator) until today (8/3/11) because she "didn't want to bug [RC's name] because she had a lot to do when she returned [from vacation]." Client #1 indicated "I tell her to stop and let me sleep for awhile. She just continued to jerk the covers off and folded my blanket up at the end of my bed. She also stated that she makes a growling sound towards [name of staff #1]. She stated that [staff #1] tell (sic) her that if she can't sleep then [client #1] shouldn't sleep." Client #1 indicated she was afraid of staff #1 "when she bosses me around. . . ."</p> <p>Interview notes dated 8/5/11 with staff #2 indicated the following: She worked the morning of 8/1/11 along with staff #1. She indicated she witnessed staff #1 going into client #1's bedroom and told client #1 to get up and to get her "stinky but (sic) up" and "yanked off the covers from her." Staff #2 indicated this made client #1 "mad" and client #1 had indicated staff #1 had done this before.</p> <p>Interview notes dated 8/5/11 with staff #3 (who also worked on the morning of the incident) indicated the following: Staff #1 "is always telling [client #1] what to</p>		<ul style="list-style-type: none"> · The importance of notifying their supervisor and the administrator timely was reviewed with the staff at the Hummingbird group home at the staff meeting on 1-25-12. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · The importance of reporting abuse and neglect concerns timely was reviewed with the RC's at their area meeting on 2-9-12. · The importance of notifying their supervisor and the administrator timely was reviewed with the staff at the Hummingbird group home at the staff meeting on 1-25-12. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor daily when in the home (through observations and GER documentation). · The ARC will monitor as 				

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	<p>do. [Client #1] is trying to talk to her and [staff #1] is always trying to cut her off (from speaking)."</p> <p>Review on 1/18/12 at 2:00 PM of the facility's abuse/neglect policy dated 1/01/11 indicated: "Employees who witness any form of abuse, neglect or exploitation or have a reason to believe that abuse, neglect or exploitation has occurred (see definitions below), must report the incident(s) to their immediate supervisor and observe the procedures outlined below." Definitions in the policy included, but were not limited to: "Psychological Abuse- includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation, intimidation, sexual coercion, and other instances wherein the employee's, resident's/consumer's invitee's or visitor's unreasonable behavior in the presence of, or toward, the resident/consumer can be expected to produce psychological harm or trauma (similar to verbal abuse)."</p> <p>Review on 1/18/12 at 2:15 PM the BDDS incident reporting policy dated 3/01/11 was conducted. It indicated incidents were to be reported to BDDS if it included "any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an</p>		<p>they complete their audits.</p> <p>1.What is the date by which the systemic changes will be completed?</p> <p>February 18 th , 2012</p>				

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	<p>individual including but not limited to: . . .</p> <p>c. emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: . . .iii. cause the individual to experience emotional distress or humiliation. and v. cause the individual to react in a negative manner." This policy also indicated the incident was to be reported within 24 hours of initial discovery of a reportable incident.</p> <p>Interview on 1/17/12 at 2:00 PM with ARC #1 (Area Residential Coordinator) was conducted. She indicated it was client #1 who reported the incident to the RC on 8/03/11 but it was not reported timely by staff #2, who was the one who witnessed the above mentioned incident. ARC #1 indicated staff #2 was disciplined during which time she received additional training by RC regarding reporting abuse/neglect timely.</p> <p>Interview on 1/19/12 at 2:20 PM with ARC #2 was conducted. He indicated the administrator was to be notified of an allegation of abuse/neglect, or mistreatment immediately, after clients were safe. He indicated BDDS was to be notified within 24 hours of the date and time of the incident.</p>						

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	9-3-2(a)			

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W0153	<p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed to report immediately 1 of 1 allegations of abuse to the administrator and to BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the incident regarding 1 of 4 sampled clients (client #1) in accordance with State law.</p> <p>Findings include:</p> <p>Review on 1/11/12 at 2:25 PM of the facility's records was conducted and included BDDS incident reports and investigation notes. One incident that took place on 8/1/11, but not reported to BDDS until 8/3/11, indicated the following:</p> <p>Client #1 indicated on 8/3/11 staff #1 pulled the covers off of her bed on the morning of 8/1/11 in an effort to wake her up in the morning.</p> <p>Interview notes conducted by ARC #1 (Area Residential Coordinator) dated 8/3/11 with client #1 indicated staff #1 "wakes me up at 5:30 in the morning sometimes and jerks off her covers and</p>	W0153	<p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The importance of reporting concerns of possible abuse and/or neglect was reviewed with the staff on 1-19-12 and again at their team meeting on 1-25-12. · Counseling was completed with staff #2 on 8-10-11 for failing to report the incident she observed timely. · Programming has been put in place for client #1 regarding reporting abuse timely and following the correct process to file a complaint. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The importance of reporting abuse and neglect 	02/18/2012			

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	<p>incident) indicated the following: Staff #1 "is always telling [client #1] what to do. [Client #1] is trying to talk to her and [staff #1] is always trying to cut her off (from speaking)."</p> <p>Interview on 1/17/12 at 2:00 PM with ARC #1 was conducted. She indicated it was client #1 who reported the incident to the RC on 8/3/11 but it was not reported timely by staff #2, who was the one who witnessed the above mentioned incident. The ARC indicated staff #2 was disciplined during which time she received additional training by RC regarding reporting abuse/neglect timely.</p> <p>Interview on 1/19/12 at 2:20 PM with ARC #2 was conducted. He indicated the administrator was to be notified of an allegation of abuse/neglect, or mistreatment immediately, after clients were safe. He indicated BDDS was to be notified within 24 hours of the date and time of the incident.</p> <p>9-3-1(b)(5) 9-3-2(a)</p>		<p>documentation).</p> <p>The ARC will monitor as they complete their audits.</p> <p>1.What is the date by which the systemic changes will be completed?</p> <p>February 18th , 2012</p>				

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