

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/13/2014
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 6/3, 6/4, 6/5, 6/6, 6/9, 6/10, and 6/13/2014.</p> <p>Provider Number: 15G337 AIM Number: 100244120 Facility Number: 000855</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/20/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients (clients #5, #6, #7, and #8), the facility failed to ensure clients #1, #2, #3, #4, #5, #6, #7, and #8 had</p>	W000125	<p>W 125 Protection of Client Rights The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the</p>	07/13/2014

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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	<p>access to their identification to carry on their person during out of the group home hours and community integration activities.</p> <p>Findings include:</p> <p>On 6/4/14 from 3:20pm until 6pm, clients #1, #2, #3, #4, #5, #6, #7, and #8 were observed with four (4) group home staff and no clients were observed to carry their own wallets and/or identifications on their person. At 3:20pm, clients #1, #2, #3, #4, #5, #6, #7, and #8 arrived home from the contracted workshop in the community.</p> <p>On 6/5/14 from 5:15am until 7:40am, clients #1, #2, #3, #4, #5, #6, #7, and #8 were observed at the group home with one Group Home Staff (GHS) #1. During the observation period clients #1, #2, #3, #4, #5, #6, #7, and #8 indicated they did not carry their wallets and/or identifications because their individual wallets were kept secured in the office of the group home.</p> <p>On 6/5/14 at 7:35am, an interview with the Group Home Manager (GHM) was conducted. The GHM stated clients' wallets and/or their identifications were kept "secured" in the group home office and "no" client had direct access to their</p>		<p>United States, including the right to file complaints, and the right to due process. 1. What corrective action will be accomplished? · Programming will be implemented for Clients#1-#8 to carry their identification cards on them while in the community. · The importance of ensuring that the clients carry their identifications with them while in the community with staff at their staff meeting. · Programming will be implemented for Clients#1-#8 to carry money on their person. · Resident rights will be reviewed with staff during their staff meeting. 2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be affected by the same deficient practice. · The importance of ensuring that the clients carry their identifications with them while in the community with staff at their staff meeting. · The QMRP will monitor the residents programming needs on a regular basis (through monthly Q reviews of documentation, IDT recommendations, annual ISP meetings, staff identified needs for the residents, etc.). As needs are identified, the QMRP will implement necessary programming. · The Home Manager and/or the Program Director will complete weekly</p>				

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	<p>wallets and/or identifications.</p> <p>On 6/5/14 at 7:10am, client #1 was independently mopping the floor in the dining room. Client #1 wore a uniform (colored shirt with a pharmacy logo and khaki pants) and had a pharmacy name tag with client #1's first name hung around his neck. Client #1 stated he "did not have" his wallet, pocket money, and/or identification on his person. Client #1 stated he had to request his wallet and "identification" from the staff when he needed it. Client #1 stated he "worked" outside the group home at a local pharmacy and no staff were present with him while he worked there.</p> <p>On 6/5/14 at 7:35am, clients #1, #2, #3, #4, #5, #6, #7, and #8 all indicated they had to ask the staff each time they wanted their identifications and all indicated they did not carry their wallets on their person.</p> <p>On 6/10/14 at 1:00pm, an interview with the Residential Coordinator/Qualified Intellectual Disabilities Professional (RC/QIDP) was conducted. The RC/QIDP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 should have been prompted and encouraged to carry their wallets and identifications on their person each day. The RC/QIDP indicated the Group Home Manager had secured client</p>		<p>programmatic checks on documentation to ensure staff are running the programs appropriately. These checks will be documented in Therap's programmatic reports. · Resident rights will be reviewed with staff during their staff meeting. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · The importance of ensuring that the clients carry their identifications with them while in the community with staff at their staff meeting. · The QMRP will monitor the residents programming needs on a regular basis (through monthly Q reviews of documentation, IDT recommendations, annual ISP meetings, staff identified needs for the residents,etc.). As needs are identified, the QMRP will implement necessary programming. · The Home Manager and/or the Program Director will complete weekly programmatic checks on documentation to ensure staff are running the programs appropriately. These checks will be documented in Therap's programmatic reports. · Resident rights will be reviewed with staff during their staff meeting. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · The Home Manager will monitor daily when they are in the</p>				

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	<p>#1, #2, #3, #4, #5, #6, #7, and #8's wallets and/or the identifications inside the office at the group home. The RC/QIDP stated client #1 "especially" was alone in the community at his job and on other occasions and should have had his identification on his person. The RC/QIDP indicated client #1, #2, #3, #4, #5, #6, #7, and #8 had limited verbal skills around strangers or when upset. The RC/QIDP indicated it would be beneficial for client #1, #2, #3, #4, #5, #6, #7, and #8's safety for them to carry their personal identification.</p> <p>Client #1's record was reviewed on 6/10/14 at 11:10am. Client #1's 10/10/13 ISP (Individual Support Plan) indicated goals/objectives to carry his wallet, pocket money, and identification.</p> <p>Client #2's record was reviewed on 6/10/14 at 12:35pm. Client #2's 12/6/13 ISP (Individual Support Plan) indicated a goal/objective to identify a quarter from other objects.</p> <p>Client #3's record was reviewed on 6/10/14 at 11:50am. Client #3's 4/15/14 ISP (Individual Support Plan) indicated a goal/objective to point to the coin to identify.</p> <p>Client #4's record was reviewed on</p>		<p>home. · The Program Director will monitor on a regular basis when they are in the home and during monthly supervisory visits. · The Area Directors will monitor as they complete their quarterly supervisory visits and review documentation. 5. What is the date by which the systemic changes will be completed? July 13,2014.</p>				

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W000186	<p>6/10/14 at 10:40am. Client #4's 10/4/13 ISP (Individual Support Plan) indicated a goal/objective to identify coins/values.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients (clients #5, #6, #7, and #8), the facility failed to provide sufficient staff at the group home to supervise clients #1, #2, #3, #4, #5, #6, #7, and #8 based on the clients identified needs.</p> <p>Findings include:</p> <p>On 6/4/14 from 2:25pm until 6pm, clients #1, #2, #3, #4, #5, #6, #7, and #8 were observed with four (4) group home staff to complete meal preparation, medication administration, and scheduled routines at the group home.</p>	W000186	<p>W 186 Direct Care Staff The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24 hour period for each defined residential living unit. 1. What corrective action will be accomplished? · A corrective action is being completed with the Home Manager for not ensuring the correct number of staff being present to assist with the morning routine. · The supervision levels of all resident will be reviewed at the staff meeting. · The risk plans of all residents will be reviewed at the staff meeting. · The dining plans of all residents will be reviewed at the staff meeting.</p>	07/13/2014			

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	<p>On 6/5/14 from 5:15am until 7:12am, clients #1, #2, #3, #4, #5, #6, #7, and #8 were observed at the group home with one Group Home Staff (GHS) #1. During the observation period clients #1, #2, #3, #4, #5, #6, #7, and #8 were observed to eat their breakfast with GHS #1 walking into and out of the room. During the observation period clients #1, #2, #3, #4, #5, #6, #7, and #8 were not supervised during dining, meal preparation, and for hygiene during the meal. From 5:15am until 5:55am, client #4 continuously struck the table with his hand and fist yelling "Hey," vibrating the table, and then laughed. At 5:55am, client #7 indicated that was client #4 communicating. Client #4 was on nectar thick liquids with mechanical soft diet. From 5:15am until 7:12am, GHS #1 walked into and out of the bathrooms, bedrooms, and kitchen and stated she was "trying to monitor" the clients. At 6:00am, client #6 independently gathered trash, went outside the back door, and walked across the yard to the dumpster. At 7:05am, GHS #1 stated she "did not know" client #6 had gone outside to take out the trash. GHS #1 indicated client #6 should have been supervised when he completed this. At 7:05am, GHS #1 indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 should have had eye sight</p>		<p>· The Home Manager will receive training on the assigned staffing pattern for the home. 2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be affected by the same deficient practice. · The supervision levels of all resident will be reviewed at the staff meeting. · The risk plans of all residents will be reviewed at the staff meeting. · The dining plans of all residents will be reviewed at the staff meeting. · The Home Manager will receive training on the assigned staffing pattern for the home. · The Program Director will complete monthly supervisory visits to ensure that the appropriate staffing levels are present within the home. · The Program Director and/or Area Director will complete daily phone checks (rotating shifts randomly) to ensure that the appropriate staffing levels are present within the home. These checks will be verified against payroll time keeping records. · The Program Director will compare the staffing schedule provided by the Home Manager to the payroll time keeping records weekly. · The Program Director and/or Area Director will complete weekly observations (rotating shifts observed-randomly) for at least the next month to ensure that the</p>				

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	<p>supervision to prepare their breakfast, eat their breakfast, pack their lunch boxes, and complete each client's morning routine. GHS #1 indicated the normal shifts of personnel require a minimum of two staff on duty at the group home to provide supervision and assistance for clients #1, #2, #3, #4, #5, #6, #7, and #8.</p> <p>Confidential Interview (CI) #1 stated the group home "rarely" had more than one staff on duty at the group home during day shift from the time the clients got up in the morning until the clients left for work in the morning.</p> <p>CI #2 stated the Group Home Manager had been "covering" the "open shifts" without staff being scheduled to work for "a long time."</p> <p>CI #3 stated the Group Home Manager had been "covering on and off for two months" for the open shifts of personnel in the morning. CI #3 stated clients #1, #2, #3, #4, #5, #6, #7, and #8 "required" staff supervision during dining, hygiene tasks, bathing, and medication administration.</p> <p>CI #4 stated there was "only one (1) staff" at the group home in the mornings "mostly every day."</p>		<p>appropriate staffing levels are present within the home. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · The supervision levels of all resident will be reviewed at the staff meeting. · The risk plans of all residents will be reviewed at the staff meeting. · The dining plans of all residents will be reviewed at the staff meeting. · The Home Manager will receive training on the assigned staffing pattern for the home. · The Program Director will complete monthly supervisory visits to ensure that the appropriate staffing levels are present within the home. · The Program Director and/or Area Director will complete daily phone checks (rotating shifts randomly) to ensure that the appropriate staffing levels are present within the home. These checks will be verified against payroll time keeping records. · The Program Director will compare the staffing schedule provided by the Home Manager to the payroll time keeping records weekly. · The Program Director and/or Area Director will complete weekly observations (rotating shifts observed- randomly) for at least the next month to ensure that the appropriate staffing levels are present within the home. 4. How will the corrective action be monitored to ensure the</p>				

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	<p>On 6/10/14 at 1:55pm, an interview with the Residential Coordinator/QIDP (RC/Qualified Intellectual Disabilities Professional) was conducted. The RC/QIDP stated clients #1, #2, #3, #4, #5, #6, #7, and #8 were to have been "supervised by two (2) staff" present on duty at the group home "each morning." The RC/QIDP indicated client #4 was a choking risk during dining and clients #1, #2, #3, #5, #6, #7, and #8 should have been supervised during meal preparation, dining, hygiene, and bathing. The RC/QIDP indicated the staff should have knowledge when the clients exited and entered the group home. The RC/QIDP stated the second staff who was "normally scheduled was off on family medical leave" and the House Manager was working those hours on the schedule. The RC/QIDP stated "She (the House Manager) knows she was to have been there (on 6/5/14)."</p> <p>On 6/13/14 at 8:30am, an interview with the Area Director was conducted. The Area Director indicated the facility should have had two (2) facility staff on duty to supervise clients in the mornings.</p> <p>Client #1's record was reviewed on 6/10/14 at 11:10am. Client #1's 10/10/13 ISP (Individual Support Plan) indicated he required twenty-four hour staff</p>		<p>deficient practice will not recur? · The Home Manager will monitor daily when they are in the home. · The Program Director will monitor on a regular basis when they are in the home and during monthly supervisory visits. · The Area Directors will monitor as they complete their quarterly supervisory visits. 5. What is the date by which the systemic changes will be completed? July 13, 2014</p>				

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	<p>supervision.</p> <p>Client #2's record was reviewed on 6/10/14 at 12:35pm. Client #2's 12/6/13 ISP (Individual Support Plan) indicated he required twenty-four hour staff supervision.</p> <p>Client #3's record was reviewed on 6/10/14 at 11:50am. Client #3's 4/15/14 ISP (Individual Support Plan) indicated he required twenty-four hour staff supervision.</p> <p>Client #4's record was reviewed on 6/10/14 at 10:40am. Client #4's 10/4/13 ISP (Individual Support Plan) indicated he required twenty-four hour staff supervision. Client #4's record indicated he was at risk to choke and required staff supervision during dining.</p> <p>On 6/10/14 at 1:50pm, a review of the facility's staff schedule from 5/18/14 through 6/14/14 was conducted. The schedule indicated one staff was schedule each day for the morning hours from 12 midnight until 8:00am for 5/18, 5/19, 5/20, 5/21, 5/22, 5/23, 5/24, 5/27, 5/28, 5/29, 6/1, 6/2, 6/3, 6/4, 6/5, 6/6, and 6/7/2014.</p> <p>9-3-3(a)</p>						

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on interview and record review, for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) living in the group home, the facility failed to ensure evacuation drills were conducted every ninety (90) days for overnight shift of personnel.</p> <p>Findings include:</p> <p>On 6/3/14 at 2:00pm, the facility evacuation drills for clients #1, #2, #3, #4, #5, #6, #7, and #8 were reviewed from 5/2013 through 5/13/14 and indicated the following:</p> <p>-Evacuation drills for overnight shift personnel (from 12midnight until 4:00am)- one on 9/16/13 at 3:40am, one on 3/3/14 at 1:05am, and no evacuation drills were done from 9/16/13 to 3/3/14.</p> <p>On 6/13/14 at 8:30am, an interview with the Area Director (AD) and the Residential Coordinator/Qualified Intellectual Disabilities Professional</p>	W000440	<p>W 440 Evacuation Drills The facility must hold at least quarterly drills for each shift of personnel. 1. What corrective action will be accomplished? · A schedule identifying when each emergency drill should be ran has been implemented. · The Home Manager will receive training on the emergency drill tracking. · The importance of ensuring emergency drills are ran each month for the appropriate time period will be completed at the staff meeting. · A drill from 12:00 am to 4:00 am will be completed. · The Program Director will monitor the emergency drills monthly. 2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be affected by the same deficient practice. · A schedule identifying when each emergency drill should be ran has been implemented. · The Home Manager will receive training on the emergency drill tracking. · The importance of ensuring emergency drills are ran each month for the appropriate time period will be completed at the staff meeting. · A drill from 12:00 am to 4:00 am will be completed.</p>	07/13/2014			

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	(RC/QIDP) was conducted. Both the AD and the RC/QIDP indicated no additional drills were available for review. The AD indicated the facility failed to complete emergency drills every ninety days for the overnight shift of personnel for clients #1, #2, #3, #4, #5, #6, #7, and #8. 9-3-7(a)		· The Program Director will monitor the emergency drills monthly. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · A schedule identifying when each emergency drill should be ran has been implemented. · The Home Manager will receive training on the emergency drill tracking. · The importance of ensuring emergency drills are ran each month for the appropriate time period will be completed at the staff meeting. · A drill from 12:00 am to 4:00 am will be completed. · The Program Director will monitor the emergency drills monthly. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · The Home Manager will monitor staff daily when they are in the home. · The Program Director will monitor on a regular basis when they are in the home and during monthly supervisory visits. · The Area Directors will monitor as they complete their audits. · The Quality Assurance Specialist will monitor as they complete their audits. 5. What is the date by which the systemic changes will be completed? July 13, 2014		