

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G239	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/04/2014
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S 14TH ST NEW CASTLE, IN 47362
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W000000	This visit was for a pre-determined full annual recertification and state licensure survey.  Dates of Survey: March 31, April 1, 2, 3 and 4, 2014  Facility number: 000762 Provider number: 15G239 AIM number: 100234890  Surveyor: Kathy Wanner, QIDP	W000000		
W000149	The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/9/14 by Ruth Shackelford, QIDP. 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.  Based on record review and interview, the facility neglected to follow their policy for Suspected Abuse, Neglect and Exploitation during behavior interventions (restraints) for 1 of 4 sampled clients (client #2) who was injured while in restraint.  Findings include:  Facility records were reviewed on 3/31/14 at 3:29 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:	W000149	<b>1. What corrective action will be accomplished?</b> · All staff will be trained on Physical Intervention Alternatives (PIA). · All staff will report all restraints and any injury resulting from restraint to home manager · Program Directors will review and evaluate all restraint documentation within 24 hours of the restraint to make certain that the restraint curriculum is being followed to ensure client safety <b>2. How will we identify other residents having the potential to be affected by the</b>	05/04/2014

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>A BDDS report dated 4/1/14 at 6:35 A.M. indicated "[client #2] appeared agitated as soon as he woke up. Staff asked [client #2] if he wanted to get a shower. [Client #2] went to his room and shouted 'I don't like you' and started hitting himself. Staff attempted to redirect him (sic) he then climbed in his basket and staff heard broken glass underneath him. Staff tried to redirect [client #2] (sic) away from the unsafe area...[client #2] began hitting and kicking staff and refused to move away from glass, staff again tried to redirect [client #2] (sic) he was anxious and would not follow staff's redirection. Staff placed him in a standing Primary Restraint Technique (PRT) for approximately 10 minutes. During the PRT [client #2] did head butt staff and then head butted the wall leaving a mark on his head and staff with a black eye. [Client #2] calmed down, staff released him and began cleaning up the broken glass, the glass was from a family picture he had hanging on the wall. [Client #2] then ran out of his room and into the med room where second staff was and hit staff. Staff tried to redirect [client #2] he was not processing the request, staff then placed him in a standing PRT for approximately 5 minutes. [Client #2] counted to 50 and calmed down. Once calm staff assisted [client #2] in the shower. [Client #2] has a very small scratch above his right eyebrow due to him hitting his head on the wall...."</p> <p>The GER report (General Event Reports) dated 4/1/14 for the incident above indicated "Very minor (no treatment) scratch above left eye and a bump due to him (client #2) head butting staff and head butting the wall."</p>		<p><b>same deficient practice and what corrective action will be taken?</b> · All residents have the potential to be affected by the same deficient practice. · Indiana Mentor adopted new restraint curriculum · All staff will be trained on Physical Intervention Alternatives (PIA). · All staff will report all restraints and any injury resulting from restraint to home manager · Program Directors will review and evaluate all restraint documentation within 24 hours of the restraint to make certain that the restraint curriculum is being followed to ensure client safety <b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> · All staff will be trained on Physical Intervention Alternatives (PIA). · All staff will report all restraints and any injury resulting from restraint to home manager · Program Directors will review and evaluate all restraint documentation within 24 hours of the restraint to make certain that the restraint curriculum is being followed to ensure client safety <b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b> · Program Directors will review and evaluate all restraint documentation within 24 hours of the restraint to make certain that the restraint curriculum is being followed to</p>				

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	<p>A BDDS report dated 2/5/14 at 3:45 P.M. indicated "...[client #2] started hitting, kicking, and started to try to bite. Staff redirected him however due to his Autism he was not processing the request. He jumped on his bed and banged his back on the wall (sic) pulled off his pants and attempted to throw the BM covered pants at a peer and staff. Staff attempted to restrain him and he dropped to the ground. Staff released him so staff would not fall on top of him. [Client #2] scooted back between the corner of the bed and the wall. Then he started to walk to the bathroom and got in and threw the shower chair at staff, staff tried to redirect [client #2] again (sic) [client #2] would not calm. Staff followed Behavior Support Plan (BSP) and restrained [client #2] in the standing PRT as taught by the handle with care program. [Client #2] was calm in about 5 minutes (sic) he was then released and finished his shower. When he got out he helped clean up the mess."</p> <p>The GER report dated 2/5/14 for the incident above indicated "Bruise upper right and left arms / armpits...scrape right buttocks, left knee, right elbow...scrape right shoulder...."</p> <p>A BDDS report dated 1/22/14 at 6:15 A.M. indicated "When [client #2] woke up he appeared to be anxious and upset. [Client #2's] schedule has been thrown off due to weather and no workshop on Monday. [Client #2] began hitting staff and yelling at staff, staff tried to verbally redirect [client #2] and he continued to be verbal and physical towards staff. Staff followed BSP and restrained [client #2] in the sitting PRT... [client #2] was calm in less than 5 minutes."</p> <p>The GER report dated 1/22/14 for the above</p>		<p>ensure client safety <b>5. What is the date by which the systemic changes will be completed?</b> 5/4/2014</p>				

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	<p>incident indicated "Two small scrape marks on forehead."</p> <p>A BDDS report dated 1/11/14 at 8:20 A.M. indicated "... he (Client #2) ran out the front door. [Client #2] then went to hit one of their staff, staff tried to redirect [client #2]...staff followed the BSP and restrained [client #2] in the standing PRT...[client #2] was calm in about 5 minutes...When staff started to put [client #2] in the restraint he hit his head on the wall and put a small scratch on his head, he also scratched his hand on the wall as well."</p> <p>The GER report dated 1/11/14 for the above incident indicated "During the PRT [client #2] scratched his forehead on the right side on the brick wall out side (sic) the house. As well as scraped his fingers and right hand (sic) all were minor injuries."</p> <p>Client #2's BSP dated 11/7/13 was reviewed on 4/2/14 at 2:00 P.M. and indicated "7 (seven) teaching methods for at the group home 1. A daily picture schedule, use of timers for 5 (five) minute prompts before transitions...2. ...Offering a 'squeeze' (PRT when [client #2] engages in maladaptive behaviors) prior to actual behavior can work as a sensory activity that will help calm/regulate [client #2]. 3. [Client #2] should be lavishly praised for appropriate behaviors. Staff should put forth substantial effort in acknowledging appropriate behaviors, even if the behaviors seem insignificant. 4. It is vital staff remain calm and quiet...Staff continue to monitor for early warning signs of aggressive behavior...provide with frequent verbal praise when compliant. 5. Use clear concise functional language, and allow ample time to process. Avoid overloading him with auditory</p>			

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	<p>information. 6. ...When [client #2] appears over-stimulated staff should immediately attempt to engage [client #2] in a sensory activity. One of the choices should always be a 'squeeze' (PRT). 7. ...Every effort should be made to keep [client #2's] routine as consistent as possible. Any changes in schedule should be addressed with [client #2] as soon as possible to give him time to adjust to the change....Once calm staff will praise [client #2] for 'making a wonderful choice to act appropriately,' and redirect [client #2] back to previous activity without mentioning the behavior." For Physical aggression, "Staff will give one verbal prompt accompanied with a physical prompt for [client #2] to stop the behavior... staff will attempt to immediately engage [client #2] in a sensory activity and remain with him until he is calm. If his physical aggression continues staff... will then us (sic) the Primary Restraint Technique per company policy. Once he is calm encourage [client #2] to apologize to the targeted individual...."</p> <p>The facility policy for Suspected Abuse, Neglect and Exploitation Reporting dated 1/11/11 was reviewed on 3/31/14 at 3:17 P.M. and indicated the following: "Occazio, Inc. will not tolerate mistreatment, abuse, neglect or exploitation of any Occazio resident/consumer...Neglect-failure to provide the proper care for a resident/consumer in a timely manner, causing the resident/consumer undue physical or emotional stress or injury; unreasonable delays in providing appropriate services, including medication errors, are considered neglect when they cause the resident/consumer undue physical or emotional stress or injury."</p>				

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W000285	<p>The Area Residential Director (ARD) was interviewed on 3/31/14 at 4:05 P.M. The ARD indicated the facility was in the process of switching to a different type of behavior intervention and it would better ensure client safety during restraint.</p> <p>An interview was conducted with the Program Director (PD) on 4/2/14 at 12:10 P.M. The PD stated, "Yes, our policy indicates clients should always be safe from harm. If a client is having a behavior, staff should try to clear the area of anything that could hurt them. They should not get an injury when restrained."</p> <p>9-3-2(a) 483.450(b)(2) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected.</p> <p>Based on record review and interview, the facility failed to provide sufficient safeguards to ensure the safety of 1 of 2 sampled clients who had the use of restraint in his Behavior Support Plan (client #2), while staff implemented restraints.</p> <p>Findings include:</p> <p>Facility records were reviewed on 3/31/14 at 3:29 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p>	W000285	<p><b>1. What corrective action will be accomplished?</b> · All staff will be trained on Physical Intervention Alternatives (PIA). · All staff will report all restraints and any injury resulting from restraint to home manager · Program Directors will review and evaluate all restraint documentation within 24 hours of the restraint to make certain that the restraint curriculum is being followed to ensure client safety <b>2. How will we identify other residents having the potential to be affected by the same deficient practice and</b></p>	05/04/2014

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	<p>on forehead."</p> <p>A BDDS report dated 1/11/14 at 8:20 A.M. indicated "... he (Client #2) ran out the front door. [Client #2] then went to hit one of their staff, staff tried to redirect [client #2]...staff followed the BSP and restrained [client #2] in the standing PRT...[client #2] was calm in about 5 minutes...When staff started to put [client #2] in the restraint he hit his head on the wall and put a small scratch on his head, he also scratched his hand on the wall as well."</p> <p>The GER report dated 1/11/14 for the above incident indicated "During the PRT [client #2] scratched his forehead on the right side on the brick wall out side (sic) the house. As well as scraped his fingers and right hand (sic) all were minor injuries."</p> <p>Client #2's BSP dated 11/7/13 was reviewed on 4/2/14 at 2:00 P.M. and indicated "7 (seven) teaching methods for at the group home 1. A daily picture schedule, use of timers for 5 (five) minute prompts before transitions...2. ...Offering a 'squeeze' (PRT when [client #2] engages in maladaptive behaviors) prior to actual behavior can work as a sensory activity that will help calm/regulate [client #2]. 3. [Client #2] should be lavishly praised for appropriate behaviors. Staff should put forth substantial effort in acknowledging appropriate behaviors, even if the behaviors seem insignificant. 4. It is vital staff remain calm and quiet...Staff continue to monitor for early warning signs of aggressive behavior...provide with frequent verbal praise when compliant. 5. Use clear concise functional language, and allow ample time to process. Avoid overloading him with auditory information. 6. ...When [client #2] appears</p>						

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	<p>over-stimulated staff should immediately attempt to engage [client #2] in a sensory activity. One of the choices should always be a 'squeeze' (PRT). 7. ...Every effort should be made to keep [client #2's] routine as consistent as possible. Any changes in schedule should be addressed with [client #2] as soon as possible to give him time to adjust to the change....Once calm staff will praise [client #2] for 'making a wonderful choice to act appropriately,' and redirect [client #2] back to previous activity without mentioning the behavior." For Physical aggression, "Staff will give one verbal prompt accompanied with a physical prompt for [client #2] to stop the behavior... staff will attempt to immediately engage [client #2] in a sensory activity and remain with him until he is calm. If his physical aggression continues staff... will then us (sic) the Primary Restraint Technique per company policy. Once he is calm encourage [client #2] to apologize to the targeted individual...."</p> <p>The Area Residential Director (ARD) was interviewed on 3/31/14 at 4:05 P.M. The ARD indicated the facility was in the process of switching to a different type of behavior intervention and it would better ensure client safety during restraint.</p> <p>An interview was conducted with the Program Director (PD) on 4/2/14 at 12:10 P.M. The PD stated, "Yes, our policy indicates clients should always be safe from harm. If a client is having a behavior, staff should try to clear the area of anything that could hurt them. They should not get an injury when restrained."</p> <p>9-3-5(a)</p>			

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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview, the facility failed to include specific criteria as part of a plan of reduction for medication used for the management or elimination of behaviors and/or symptoms of diagnoses as indicated in 2 of 4 sampled clients (clients #1 and #2) who were prescribed medications for management of behaviors; and failed to incorporate the use of all medications used for management of behaviors in the Behavior Support Plan for 2 of 4 sampled clients (clients #1 and #3).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 4/2/14 at 9:25 A.M. Client #1's Physician's Orders (PO) dated for March 2014 indicated he was prescribed Divalproex (mood stabilizer) for Bi-Polar and Seroquel (anti psychotic) for Intermittent Explosive Disorder. Client #1's Behavior Support Plan (BSP) dated 7/2013 indicated he had the targeted behaviors of, agitation, aggression, property misuse/destruction, non-compliance and inappropriate masturbation. Client #1's BSP indicated "The IDT (interdisciplinary team) will meet at least annually to discuss [client #1's] psychotropic intervention, will review all data collected from the monitoring tracking system to obtain a comprehensive assessment. When the data reflects a</p>	W000312	<p>1. <b>What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Plans of reduction have been developed and were implemented with all clients.</li> <li>· Staff will be trained on reporting and documenting target behaviors.</li> <li>· Program Directors will review and evaluate quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments.</li> </ul> <p>2. <b>How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Plans of reduction have been developed and will be implemented with all clients.</li> <li>· Staff will be trained on reporting and documenting target behaviors.</li> <li>· Program Directors will review and evaluate quarterly and at yearly ISP meetings and discuss any need</li> </ul>	05/04/2014

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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S 14TH ST NEW CASTLE, IN 47362			
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	<p>stabilization of symptoms (0 physical aggression, 0 incidents of agitation per month and 0 incidents of property destruction per 3 month period) for the 3 consecutive months immediately prior to the once yearly review. The IDT will refer to the consulting psychiatrist for consideration of a decrease in medication." Client #1's BSP indicated he was prescribed Risperdal (anti-psychotic) for mood and Trileptal (anti-depressant) for mood. Client #1's current medications Divalproex and Seroquel were not part of his BSP. Client #1's BSP did not indicate what specific criteria needed to be achieved for his medications to be considered for possible reductions. Client #1's BSP did not indicate a specific medication for reduction.</p> <p>Client #2's record was reviewed on 4/2/14 at 2:00 P.M. Client #2's PO dated for March 2014 indicated he was prescribed Abilify (anti-psychotic) for Autism, Clonidine (alpha blocker) for agitation/hyperactivity, Divalproex (mood stabilizer) for Autism, and Lorazepam (anti-anxiety) for mood. Client #2's Behavior Support Plan (BSP) dated 11/7/13 indicated he had the targeted behaviors of verbal and physical aggression, property misuse/destruction, non-compliance and AWOL. Client #2's BSP indicated "When data reflects a stabilization of symptoms (5 or fewer of inappropriate coping skills, and 0 incidents of property misuse /destruction, and physical aggression per 3 consecutive months), the IDT will refer to the consulting psychiatrist for consideration of a decrease in medication." Client #2's BSP did not indicate what specific behaviors each medication was to prescribed to address. Client #2's BSP did not indicate a specific medication for reduction.</p>		<p>for reduction with Psychiatrist/Physician at quarterly appointments.</p> <p>3. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Plans of reduction have been developed and will be implemented with all clients.</li> <li>· Staff will be trained on reporting and documenting target behaviors.</li> <li>· Program Directors will review and evaluate quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments.</li> </ul> <p>4. <b>How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Program Directors will review and evaluate quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments.</li> </ul> <p>5. <b>What is the date by which the systemic changes will be completed?</b> 5/4/2014</p>				

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W000336	<p>Client #3's record was reviewed on 4/2/14 at 11:15 A.M. Client #3's PO dated for March 2014 indicated he was prescribed Clonazepam (anti-anxiety) for anxiety, Lexapro (anti-depressant) for depression, Gabapentin (anti-convulsant) for anxiety, and Seroquel (anti-psychotic) for anxiety. Client #3's BSP dated 8/24/13 indicated he had the targeted behaviors of inappropriate coping skills, anxiety, AWOL (absent without leave), psychosis, and physical aggression. Client #3's BSP did not include the use of Lexapro or Gabapentin.</p> <p>An interview was conducted with the Program Director (PD) on 4/2/14 at 12:15 P.M. When asked about a plan of reduction for behavior medication and all medications used for the management of behaviors, the PD stated "I need to change all the behavior support plans and check to make sure they all have the correct medications in them and indicate a medication targeted for reduction."</p> <p>9-3-5(a) 483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview, the facility failed to provide a quarterly nursing assessment for 3 of 4 sampled clients (clients #1, #3 and #4).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 4/2/14 at</p>	W000336	<p>1. <b>What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Quarterly Nursing Assessments will be completed on all clients.</li> <li>· Nursing staff will be trained on completing and documenting assessments.</li> <li>· Program Directors will review</li> </ul>	05/04/2014

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	<p>9:25 A.M.. There was no evidence in client #1's record to indicate the need for a medical care plan. Client #1's record did not include quarterly nursing assessments between the dates of 4/24/13 and 12/4/13.</p> <p>Client #3's record was reviewed on 4/2/14 at 11:15 A.M.. There was no evidence in client #3's record to indicate the need for a medical care plan. Client #3's record did not include quarterly nursing assessments between the dates of 5/1/13 and 11/13/13.</p> <p>Client #4's record was reviewed on 4/2/14 at 10:50 A.M.. There was no evidence in client #4's record to indicate the need for a medical care plan. Client #4's record did not include quarterly nursing assessments between the dates of 4/24/13, 8/28/13 and 12/4/13.</p> <p>The Program Director (PD) were interviewed on 4/2/14 at 12:35 P.M. and stated, "Nursing quarterlies should be done quarterly."</p> <p>9-3-6(a)</p>		<p>and evaluate quarterly to ensure assessments are being completed.</p> <p>2. <b>How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Quarterly Nursing Assessments will be completed on all clients.</li> <li>· Nursing staff will be trained on completing and documenting assessments.</li> <li>· Program Directors will review and evaluate quarterly to ensure assessments are being completed.</li> </ul> <p>3. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Quarterly Nursing Assessments will be completed on all clients.</li> <li>· Nursing staff will be trained on completing and documenting assessments.</li> <li>· Program Directors will review and evaluate quarterly to ensure assessments are being completed.</li> </ul> <p>4. <b>How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p>				

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			<p>Program Directors will review and evaluate quarterly to ensure assessments are being completed.</p> <p>5. What is the date by which the systemic changes will be completed? 5/4/2014</p>	