

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G511	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/06/2014
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NAME OF PROVIDER OR SUPPLIER  OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5949 FIESTA AVE PORTAGE, IN 46368
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: May 28, 29, 30 and June 2 and 6, 2014.</p> <p>Facility number: 001025 Provider number: 15G511 AIM number: 100245170</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/19/14 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, the facility failed for 4 of 5 clients residing at the group home (clients</p>	W000125	<b>W125-</b> On 07/03/2014, the group home manager <b>received an offer from an individual that is willing to be client</b>	07/07/2014

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>#1, #3, #4 and #5) to provide assistance to exercise their rights by restricting access to the home's refrigerator and failed to ensure a legally sanctioned decision maker was obtained to assist in medical and financial decisions for 1 additional client (client #5).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/28/14 from 4:20 P.M. until 6:20 P.M.. During the entire observation, the refrigerators/freezers located in the open area day room were locked.</p> <p>A morning observation was conducted at the group home on 5/30/14 from 5:05 A.M. until 7:45 A.M.. At 7:00 A.M., client #5 walked to the refrigerator and pulled on the door but could not open it. During the entire observation, the refrigerators/freezers located in the open day room area were locked.</p> <p>An interview with Direct Support Professional (DSP) #4 was conducted at the group home on 5/30/14 at 6:30 A.M.. DSP #4 indicated the refrigerator/freezer doors were locked at all times.</p> <p>A review of client #1's records were conducted on 5/30/14 at 2:00 P.M.. The</p>		<p><b>#5's guardian. The process of obtaining a guardian for client #5 will begin immediately. To ensure client #5 receives proper guardianship, the Qualified Developmental Disabilities Professional, hereinafter referred to as QDDP, will monitor the guardianship progress and paperwork, monthly. Part 2: Effective immediately, the locks will be removed from the refrigerators and freezers, in the group home. All participants will have full access to the refrigerators and freezers, in the group home. A formal training program will begin 07/07/2014, teaching client #2 what are the appropriate or safe foods to eat and what food is not appropriate or safe.</b></p>				

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	<p>review failed to indicate the need for the refrigerator to be restricted for client #1. Further review of the record failed to indicate measures were in place to teach the client to access the freezers/refrigerators.</p> <p>A review of client #3's records were conducted on 5/30/14 at 2:20 P.M.. The review failed to indicate the need for the refrigerator to be restricted for client #3. Further review of the record failed to indicate measures were in place to teach the client to access the freezers/refrigerators.</p> <p>A review of client #4's records were conducted on 5/30/14 at 2:45 P.M.. The review failed to indicate the need for the refrigerator to be restricted for client #4. Further review of the record failed to indicate measures were in place to teach the client to access the freezers/refrigerators.</p> <p>A review of client #5's records were conducted on 5/30/14 at 3:00 P.M.. The review failed to indicate the need for the refrigerator to be restricted for client #5. Further review of the record failed to indicate measures were in place to teach the client to access the freezers/refrigerators.</p>						

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	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/6/14 at 4:00 P.M.. The QIDP indicated the refrigerator/freezer locks were approved due to client #2 going into the refrigerators/freezers. The QIDP further indicated there were no measures in place to teach each client to access the freezers/refrigerators.</p> <p>2. A review of client #5's record was conducted on 5/30/14 at 3:00 P.M.. Client #5's Individual Support Plan (ISP) dated 2/11/14 indicated: "Legal Status: Self...Will pop at least one medication into cup...." Review of his medical record indicated he had diagnoses of arthritis, GERD (Gastroesophageal reflux disease), seizures and constipation. Review of his 5/2014 Medication Administration Record (MAR) indicated client #5 received prescribed medications. Further review of the record indicated client #5 could not independently manage his finances nor make financial or medical decisions independently.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 4:00 P.M.. The QIDP indicated client #5 did not have a legally sanctioned decision</p>			

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W000140	<p>maker to assist him in making financial and medical decisions and was unable to do so independently.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview, the facility failed to maintain an accurate accounting system for 3 of 3 sampled clients (clients #1, #2 and #3), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>1. A review of the facility's records was conducted at the group home on 5/30/14 at 7:16 A.M.. A review of client #1, #2 and #3's personal petty cash financial records was conducted.</p>	W000140	<p><b>W140-</b> Beginning 07/07/2014, there will be an individual ledger, specifically for participant petty cash, in each participant's pouch, to indicate how much money is currently available to each participant. The QDDP will ensure that all requested documentation is available to the state surveyor at each and every inspection. The documentation will include; but not limited to, 1 year of financial paperwork, bank statements, ledgers, checkbooks, and etc. There is a ledger for client funds and it is accessed by the group home manager as well as the financial department for monthly audits. Compliance will also be</p>	07/07/2014

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	<p>Direct Support Professional (DSP) #4 counted a balance of \$2.66 in client #1's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #1's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds for the month of 5/14.</p> <p>DSP #4 counted a balance of \$2.12 in client #2's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #2's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds.</p> <p>DSP #4 counted a balance of \$3.19 in client #3's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #3's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of her personal funds.</p> <p>An interview with the Qualified</p>		monitored through monthly quality assurance visits by the QDDP and quarterly quality assurance visits by the Group Home Director.				

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	<p>Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 4:00 P.M.. The AD indicated the facility managed clients #1, #2, #3's finances and further indicated the facility was to keep an accurate account of their finances at all times. The AD further indicated each client should have a financial ledger which should reflect the clients' expenditures and balances to ensure they kept an accurate accounting of their petty cash funds by staff at the group home.</p> <p>2. A review of the facility's records was conducted on 5/30/14 at 11:50 A.M.. A review of clients #1, #2 and #3's personal financial records was conducted. Review of clients #1, #2 and #3's financial records failed to indicate the facility maintained an accurate accounting system of the clients' personal finances for the months of 5/13, 6/13, 7/13, 8/13, 9/13, 10/13, 11/13 and 12/13. There were no records of withdrawals and/or deposits of clients #1, #2 and #3's banking accounts and no receipts of expenditures available for review.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 4:00 P.M.. The QIDP indicated the facility managed clients #1, #2 and #3's finances and further indicated the facility was to</p>			

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W000186	<p>keep an accurate account of their finances at all times. The QIDP further indicated she did not know why there was no documentation to indicate the facility maintained an accurate accounting system of clients #1, #2 and #3's personal finances at all times.</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, the facility failed 5 of 5 clients (clients #1, #2, #3, #4 and #5) residing at the group home, to provide sufficient numbers of direct care staff to supervise and to implement Individual Support Plans (ISP) during formal/informal training opportunities.</p>	W000186	<p><b>Cite: 186-</b> Effective immediately, the Group Home Manager will schedule three (3) direct care staff personnel, during the morning shift. Adequate staffing will be monitored weekly, by the Group Home Manager, the QDDP, and the Director. In the case of an emergency call off, staff will utilize the call off system; first to call the Assistant Group</p>	07/15/2014

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	<p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/28/14 from 4:20 P.M. until 6:20 P.M. During the entire observation period client #1 wheeled himself back and forth from the kitchen to the living room with no meaningful activity. Client #2 walked around the group home with no meaningful activity. Direct Support Professional (DSP) #1 assisted client #3 with her toileting and DSP #2 was involved with meal preparation. At 4:40 P.M., while DSP #1 and DSP #2 assisted clients #3 and #5 with snack and meal preparation, client #2 went into a peer's lunch pail and grabbed partially eaten food out of a container returned back from day program and shoved it in his mouth. There was no choice of activities offered nor implementation of clients' goals during this observation period.</p> <p>A morning observation was conducted at the group home on 5/30/14 from 5:05 A.M. until 7:45 AM. During the entire observation, Direct Support Professionals (DSPs) #3 and #4 were the only staff present and working with all clients at the group home. During the entire observation period client #1 wheeled himself back and forth from the kitchen to the living room with no meaningful</p>		home manager, then to call the Group Home Manager, then to call the QDDP, and finally to call the Director. These four employees are on call, for each group home, at all times.				

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	<p>activity. Client #2 walked around the group home with no meaningful activity. Client #3 stayed in her room during the entire observation with no meaningful activity. DSPs #3 and #4 assisted clients with showering, morning hygiene, medication administration and assisted client #5 with meal preparation while clients #1, #2, #3 and #4 sat unsupervised with no activity. There was no choice of activities offered nor implementation of clients' goals during this observation period.</p> <p>A review of client #1's record was conducted on 5/30/14 at 3:15 P.M.. The Individual Support Plan (ISP) dated 4/25/14 indicated: "Will hold his med cup with applesauce and meds in his hands daily...Will put one item of his food into the food processor...Will work on the sign eat/snack...Will put his clothes away."</p> <p>A review of client #2's record was conducted on 5/30/14 at 3:40 P.M.. A review of client #2's ISP dated 3/31/14 indicated: "Will sign for medication...Will sign for the word break...Will sign for penny."</p> <p>A review of client #3's record was conducted on 5/30/14 at 4:00 P.M.. The ISP dated 7/15/13 indicated: "Will pop</p>			

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	<p>at least one med at med time...Will state the name of her eye drop...Will bring at least two condiments to the kitchen table...Will feel and state the name of coins...Will join in social activities...Will practice her counting techniques."</p> <p>A review of client #4's record was conducted on 5/30/14 at 4:25 P.M.. The ISP dated 2/11/14 indicated: "Will work on cleaning her glasses...Will work on answering the phone properly... Will point to a quarter, dime, nickel and penny... Will place eyeglasses in case."</p> <p>A review of client #5's record was conducted on 5/30/14 at 4:45 P.M.. The ISP dated 2/11/14 indicated: "Will sign for snack...Will pop at least one med into cup...Will use communication board."</p> <p>The Qualified Intellectual Disabilities Professional Designee (QIDPD) was interviewed on 6/2/14 at 4:00 P.M.. The QIDP indicated active treatment should be ongoing and training should be both formal and informal. She further indicated there should be enough staff present to carry out the training objectives and to supervise the clients at all times.</p> <p>9-3-3(a)</p>			

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 for 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/28/14 from 4:20 P.M. until 6:20 P.M.. During the entire observation period, clients #4 and #5 sat in the living room with no activity, client #1 propelled his wheelchair back and forth to and from the living room, client #2 walked back and forth from the kitchen to the living room and client #3</p>	W000249	<p><b>Cite: 249</b> - On June 30th, 2014, the QDDP retrained staff on the participant's ISP, including provision of formal and informal treatment and completion of IPP goals. Active treatment will be provided in sufficient number and frequency to support the achievement of the objectives identified in the IPP and staff will document all active treatment, at the conclusion of each shift. Active treatment and documentation will be monitored, daily, by the Group Home Manager, or Assistant Group Home Manager. The QDDP will monitor active treatment and active engagement, 3x a week, for the first 30 days, and weekly thereafter. The Director will review active treatment and documentation on a monthly basis.</p>	06/30/2014

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	<p>sat at the dining table. Direct Support Professionals (DSP) #1 and #2 would walk into the room and occasionally check on the clients, but did not offer any meaningful activity. During the above mentioned observation period, clients #1, #2, #4 and #5 were non-verbal in communication in that the clients did not speak. No communication training was provided and/or offered to each client.</p> <p>A morning observation was conducted at the group home on 5/30/14 from 5:05 A.M. until 7:45 A.M.. During the entire observation period, clients #4 and #5 sat in the living room with no activity and client #1 propelled his wheelchair back and forth to and from the living room, client #2 walked back and forth and client #3 stayed in her bedroom. DSPs #3 and #4 would walk into the rooms and occasionally check on clients #1, #2, #4 and #5, but did not offer any meaningful activity. During the above mentioned observation period, clients #1, #2, #4 and #5 were non-verbal in communication in that the clients did not speak. No communication training was provided and/or offered to each client.</p> <p>A review of client #1's record was conducted on 5/30/14 at 3:15 P.M.. The Individual Support Plan (ISP) dated 4/25/14 indicated: "Will hold his med</p>			

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	<p>cup with applesauce and meds in his hands daily...Will put one item of his food into the food processor...Will work on the sign eat/snack...Will put his clothes away."</p> <p>A review of client #2's record was conducted on 5/30/14 at 3:40 P.M.. A review of client #2's ISP dated 3/31/14 indicated: "Will sign for medication...Will sign for the word break...Will sign for penny."</p> <p>A review of client #3's record was conducted on 5/30/14 at 4:00 P.M.. The ISP dated 7/15/13 indicated: "Will pop at least one med at med time...Will state the name of her eye drop...Will bring at least two condiments to the kitchen table...Will feel and state the name of coins...Will join in social activities...Will practice her counting techniques."</p> <p>A review of client #4's record was conducted on 5/30/14 at 4:25 P.M.. The ISP dated 2/11/14 indicated: "Will work on cleaning her glasses...Will work on answering the phone properly...Will point to a quarter, dime, nickel and penny...Will place eyeglasses in case."</p> <p>A review of client #5's record was conducted on 5/30/14 at 4:45 P.M.. The ISP dated 2/11/14 indicated: "Will sign</p>			

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W000331	<p>for snack...Will pop at least one med into cup...Will use communication board."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 4:00 P.M.. The QIDP indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 2 of 3 sampled clients and 2 additional clients (clients #1, #3, #5 and #6), by not ensuring the facility's nursing services reported the pharmacist's recommendations to the physician and Interdisciplinary Team (IDT).</p> <p>Findings include:</p> <p>1. A review of the facility's pharmacy reviews was conducted on 6/2/14 at 2:30 P.M.. The consulting pharmacist indicated:</p>	W000331	<p><b>W331-</b> The lead nurse and/or designee have faxed all recommendations by the pharmacist to the physician with a request for a review and signature. The lead nurse and/or designee will review the physician orders and make appropriate changes to medication administration records. Quarterly, the Lead nurse and/or designee will complete file audits to ensure this process is continued and the agency remains in compliance. Part 2- The group home nurse will review med sheets each month while completing house visits and report any discrepancies to the nursing department.</p>	07/03/2014			

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	<p>Consultation Report for Recommendation Created between 4/1/13 and 5/2/13:</p> <p>"After reviewing [client #5]'s med sheets for the last quarter, I noticed that a diagnosis was missing/not complete for several medications. Please provide a diagnosis that supports the use of the following medications so that they may be included in the medical record...Olanzapine (bipolar)...Simvastatin (blood pressure)...Depakote (seizures)...Zetia (cholesterol)." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultation Report for Recommendation Created between 7/1/13 and 8/14/13:</p> <p>"After reviewing [client #5]'s med sheets for the last quarter, I noticed that a diagnosis was missing/not complete for several medications. Please provide a diagnosis that supports the use of the following medications so that they may be included in the medical record...PRN (as needed) Baclofen (spasticity)...methocarbamol (muscle relaxant). Please consider</p>			

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	<p>discontinuation of these medications if they are no longer needed." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>2. "[Client #6] has been on Ambien (sleep disorder). I recommend other PRN options to avoid addiction. In addition he is also on two BZD's (Benzodiazepines/anxiety). Please consider the discontinuation (or decrease) of one of these medications to avoid undesired side effects....[Client #6] is currently prescribed Clonazepam (seizures) and Lorazepam (seizures). Please re-evaluate need for both for seizures and adjust if necessary." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultation Report for Recommendation Created between 10/22/13 and 11/25/13:</p> <p>"[Client #6] is currently prescribed Clonazepam (seizures) and Onfi (seizures). Please re-evaluate need for both for seizures and adjust if necessary." Further review failed to indicate the facility's nursing staff reported the</p>						

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	<p>pharmacist's recommendations to the IDT and physician.</p> <p>3. Consultation Report for Recommendation Created between 1/30/14 and 1/31/14:</p> <p>"After reviewing [client #1]'s med sheets for the last quarter, I noticed that a diagnosis was missing/incomplete for a few medications. Please provide a diagnosis that supports the use of the following medications so that they may be included in the medical record...Divalproex (seizures)...Carbamazepine (seizures)." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>4. "I have reviewed [client #3]'s med sheets and have found a significant drug interaction between Haloperidol (antipsychotic) and Ziprasidone (schizophrenia). Summary: Arrhythmias resulting from the potential for addictive QT prolongation (heart rhythm disorder) should be considered as a possibility when haloperidol and Ziprasidone are co-administered. Clinical incidence is not known. Management; Use of Haloperidol and Ziprasidone is NOT recommended in official package</p>						

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	<p>labeling for Ziprasidone...I have reviewed [client #3]'s med sheets and have found a significant drug interaction between Omeprazole (gastroesophageal reflux disease) and Citalopram (anxiety). Summary: Plasma concentrations and toxic effects of Serotonin Reuptake may be increased by concomitant administration of Omeprazole. Specifically, Citalopram doses greater than 20 mg/day are not recommended in patients receiving Omeprazole according to official package labeling due to the risk of QT prolongation." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 4:00 P.M.. The QIDP indicated the facility's nursing staff were responsible for reviewing the pharmacist's recommendations and reporting the recommendations to the IDT. The QIDP indicated the pharmacist's recommendations were not reported to the prescribing physician or the IDT by the former nurse.</p> <p>9-3-6(a)</p>			

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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>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 for 3 of 3 sampled clients (clients #1, #2 and #3), the facility's nursing services failed to conduct quarterly nursing assessments of the clients' health status and medical needs.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 5/30/14 at 3:15 P.M.. Client #1's record indicated a nursing quarterly was completed on 2/18/14. Client #1's most current annual physical was dated 3/3/14. Client #1's 5/14 physician orders indicated client #1 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 4/13, 7/13 and 10/13.</p> <p>A review of client #2's record was conducted on 5/30/14 at 3:40 P.M.. Client #2's record indicated a nursing quarterly was completed on 2/18/14.</p>	W000336	<p><b>W336-</b> The nursing department has completed quarterly nursing reviews on each participant. To ensure further compliance, the quarterlies will be checked by the Social Services Senior Director upon completion at the end of each quarter. File audits will be completed on a random sample of files to ensure nursing forms are completed and in the participant file by Lead nurse at least twice a year.</p>	07/03/2014

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	<p>Client #2's most current annual physical was dated 8/26/13. Client #2's 5/14 physician orders indicated client #2 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 4/13 and 10/13.</p> <p>A review of client #3's record was conducted on 5/30/14 at 4:00 P.M.. Client #3's record indicated a nursing quarterly was completed on 2/18/14. Client #3's most current annual physical was dated 5/19/14. Client #3's 5/14 physician orders indicated client #3 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 4/13, 7/13 and 10/13.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 4:00 P.M.. The QIDP indicated nursing quarterlies are to be completed quarterly. The QIDP further indicated there was no documentation available for review to indicate the former nurse conducted nursing quarterlies.</p> <p>9-3-6(a)</p>			

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W000367	<p>483.460(k) DRUG ADMINISTRATION</p> <p>The facility must have an organized system for drug administration that identifies each drug up to the point of administration. Based on observation, record review and interview, the facility failed to keep medications for 1 of 3 sampled clients observed during the morning medication administration (client #3), identified until the point of administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/30/14 from 5:05 A.M. until 7:45 A.M.. At 5:35 A.M., Direct Support Professional (DSP) #1 walked with a clear plastic soufflé cup with medications already prepared and a cup of water into client #3's bedroom and administered the medications to client #3. DSP #1 did not punch any of the medications administered to client #3 from their original packaging at the time of administration. When asked what medications were administered to client #3, DSP #1 could not indicate which medications they were.</p> <p>A review of the Medication Administration Record (MAR) dated</p>	W000367	<p><b>W367-</b> On 07/02/2014 the Lead nurse will retrain staff on the proper way to administer medication. The Lead nurse will go over the three medication checks and the six rights according to Opportunity Enterprises policy 5105. To ensure all medication are administered without error, the Group Home Manager or their designee will monitor compliance at each med pass. Compliance will also be monitored through weekly quality assurance visits by the QDDP and monthly quality assurance visits by the Group Home Director.</p>	07/02/2014

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W000369	<p>5/14 was conducted on 5/30/14 at 6:50 A.M.. Review of the MAR indicated client #3's medications were: "Alendronate 70 mg (milligram) tablet (osteoporosis)...Oyster Shell 500 mg tablet (supplement)."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 4:00 P.M.. The QIDP indicated the medications should be administered directly from the original packaging and checked three times with the Medication Administration Record (MAR) prior to administering. The QIDP further indicated medications should never be prepared prior to administration.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p>			

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	<p>Based on observation, record review, and interview for 1 of 17 medication doses administered at the morning medication administration, the facility failed to ensure staff administered the client's medication as ordered without error for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/30/14 from 5:05 A.M. until 7:45 A.M.. At 5:50 A.M., client #1 was observed to have medication administration completed with Direct Support Professional (DSP) #1. Review of the medication label and Medication Administration Record (MAR) dated 5/14 indicated DSP #1 administered client #1's "Oyster Shell 500 mg (milligrams) tablet...Osteoporosis, give one tablet orally three times a day with food." At 6:50 A.M., client #1 ate breakfast. Client #1 did not take his medication with food.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 6/2/14 at 4:00 P.M. The QIDP indicated client #1's medication should have been given with food as ordered.</p>	W000369	<p><b>W369-</b> Medications for Client #1 are crushed and placed in applesauce, before being administered. The agency's pharmacy, Gils, has verified and approved that a serving size amount of applesauce, given with the medication, does count towards having the medication given with food. On 07/02/2014, the Lead nurse will retrain staff on the proper amount of applesauce to be given to client #1 to consider his medication was given with food. To ensure all medication are administered without error, the Group Home Manager or their designee will monitor compliance at each med pass. Compliance will also be monitored through weekly quality assurance visits by the QDDP and monthly quality assurance visits by the Group Home Director.</p>	07/02/2014			

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W000460	<p>9-3-6(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 1 of 3 sampled clients and 1 additional client (clients #2 and #4), the facility failed to assure the staff provided food in accordance with the menu.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/30/14 from 5:05 A.M. until 7:45 A.M.. At 6:30 A.M., clients #2 and #4 ate their breakfast which consisted of unsweetened oat cereal, a banana, milk and juice. At 6:45 A.M., a review of the menu dated "week 1" indicated: "3/4 cup oat cereal, 1 banana, 1 cup milk, 1 cup apple juice and 1 slice toast. There was no toast provided for clients #2 and #4 with their meal.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/6/14 at 4:00</p>	W000460	<p><b>W460-</b> On 07/02/2014, the QDDP retrained staff on adhering to the group home menu and ensuring participants receive a nourishing, well balanced diet including modified and specially-prescribed diets. Compliance will also be monitored daily by the Group Home Manager, or their designee. Compliance will further be monitored through weekly quality assurance visits by the QDDP and monthly quality assurance visits by the Group Home Director. In addition, the dietician will ensure compliance during quarterly visits.</p>	07/02/2014

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W000484	<p>P.M.. The QIDP indicated staff should follow the menu.</p> <p>9-3-8(a)</p> <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. Based on observation and interview, the facility failed for 1 of 3 sampled clients and 1 additional client (clients #2 and #4) to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/30/14 from 5:05 A.M. until 7:45 A.M.. At 6:30 A.M., clients #2 and #4 ate breakfast which consisted of unsweetened oat cereal, and a choice of a banana or mandarin orange. There was no sugar/sugar substitute available for each client to use for their unsweetened cereal. Direct Support Professionals (DSP) #3 and #4 failed to offer sugar/sugar substitute to clients #2 and #4 for their food.</p>	W000484	<p><b>W488-</b> On 07/02/2014, the QDDP retrained the group home staff on active treatment; which includes involving the participants in meal preparation and serving themselves to their abilities. Compliance will also be monitored daily by the Group Home Manager, or their designee. Compliance will further be monitored through weekly quality assurance visits by the QDDP and monthly quality assurance visits by the Group Home Director. In addition, the dietician will ensure compliance during quarterly visits.</p>	07/02/2014

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W000488	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/6/14 at 4:00 P.M.. The QIDP indicated sugar/sugar substitute should be put on the table for the clients to use.</p> <p>9-3-8(a)</p> <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 1 of 3 sampled clients (client #2) served himself at breakfast as independently as possible.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/30/14 from 5:15 A.M. until 7:45 A.M.. At 6:30 A.M., Direct Support Professional (DSP) #3 poured cold cereal into client #2's bowl as he sat with no activity. DSP #3 then poured milk into his bowl and poured</p>	W000488	<p><b>W488-</b> On 07/02/2014, the QDDP retrained the group home staff on active treatment; which includes involving the participants in meal preparation and serving themselves to their abilities. Compliance will also be monitored through monthly quality assurance visits by the QDDP and quarterly quality assurance visits by the Group Home Director</p>	07/02/2014

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NAME OF PROVIDER OR SUPPLIER  OPPORTUNITY ENTERPRISES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5949 FIESTA AVE PORTAGE, IN 46368		
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	<p>milk and juice into his cups as he sat with no activity. Client #2 began eating his meal independently. Client #2 did not serve himself.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/6/14 at 4:00 P.M.. The QIDP indicated client #2 was capable of serving himself with assistance and further indicated he should be serving himself with assistance at all meal times.</p> <p>9-3-8(a)</p>				