

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G238	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/19/2015
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1803 RILEY RD NEW CASTLE, IN 47362
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W 000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 2/10, 2/11, 2/12, 2/13, 2/16, 2/17, 2/18, and 2/19/2015</p> <p>Provider Number: 15G238 Facility Number: 000761 AIM Number: 100234630</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/26/15 by Ruth Shackelford, QIDP.</p>	W 000		
W 104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. 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 governing body failed to exercise operating direction over the facility to complete maintenance and repairs for client #1, #2, #3, #4, #5, #6, #7, and #8's</p>	W 104	<p><b>W104 Governing Body and Management</b> The governing body must exercise general policy, budget and operating direction over the facility. <b>1. What corrective action will be accomplished?</b> Contractor was acquired by Regional Director to repair chairs</p>	03/21/2015

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>group home.</p> <p>Findings include:</p> <p>On 2/10/15 from 3:30pm until 6:20pm, and on 2/11/15 from 5:25am until 7:50am, observation and interview were conducted at the group home. During both observation periods clients #1, #2, #3, #4, #5, #6, #7, and #8 walked and/or accessed the dining room table and eight of eight (8 of 8) wooden chairs independently. During both observation periods clients #1, #2, #3, #4, #5, #6, #7, and #8's dining room table and chairs had the finish worn down to the wood grain. On 2/10/15 at 4:45pm, the RM (Residential Manager) stated the dining room table and chairs had "the finish worn and bare wood" grain exposed.</p> <p>On 2/12/15 at 11:30am, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated she was not aware the dining room table and chairs had their finish worn off and the wood grain exposed. The QIDP indicated no further information was available for review.</p> <p>9-3-1(a)</p>		<p>· Wooden chairs will be refinished and promptly returned to home</p> <p>· Appropriate alternative chairs will be provided and ensured in the home by Home Manager during the time the original chairs are being refinished</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> <p>· All residents have the potential to be affected by the same deficient practice.</p> <p>· Contractor was acquired by Regional Director to repair chairs</p> <p>· Wooden chairs will be refinished and promptly returned to home</p> <p>· Appropriate alternative chairs will be provided and ensured in the home by Home Manager during the time the original chairs are being refinished</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> <p>· Contractor was acquired by Regional Director to repair chairs</p> <p>· Wooden chairs will be refinished and promptly returned to home</p> <p>· Appropriate alternative chairs will be provided and ensured in the</p>				

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W 125  Bldg. 00	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.  Based on observation, record review, and	W 125	home by Home Manager during the time the original chairs are being refinished · Home Manager will monitor chairs monthly and report to Program Director if the finish begins to wear. · Program Director will address any excessive wear by having chairs refinished or replaced  4. <b>How will the corrective action be monitored to ensure the deficient practice will not recur?</b> · Home Manager will monitor chairs monthly and report to Program Director if the finish begins to wear. · Program Director will address any excessive wear by having chairs refinished or replaced  5. <b>What is the date by which the systemic changes will be completed?</b>  3/21/15	03/21/2015	
			<b>W125 Protection of Clients Rights</b>		

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	<p>interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients (clients #5, #6, #7, and #8) who lived in the group home, the facility failed to ensure unimpeded access to the secured milk, lunch meat, and snack items for clients #1, #2, #3, #4, #5, #6, #7, and #8 who did not have documented assessments for the restricted access to the secured food items.</p> <p>Findings include:</p> <p>On 2/10/15 from 3:30pm until 6:20pm, and on 2/11/15 from 5:25am until 7:50am, observation and interview were conducted at the group home. During both observation periods clients #1, #2, #3, #4, #5, #6, #7, and #8 did not open the office door, did not independently access the office without a staff person, and did not access the facility's lunch meat or milk containers without a staff person. During both observation periods the group home had the facility's lunchmeat and milk containers inside a separate refrigerator located behind the closed office door across from the dining room. During both observation periods the facility's snack items of crackers, individual pudding cups, and cookies were stored inside secured containers behind the closed office door. During</p>		<p>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><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Clients will have freedom of movement throughout the home and access to all food.</li> <li>· Staff will be retrained to regarding restrictions, programs and respecting clients' movement within home.</li> <li>·</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Clients will have freedom of movement throughout the home and access to all food per their BSPs.</li> <li>· Staff will be retrained to regarding restrictions, programs and respecting clients' movement within home.</li> </ul> <p><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></p>	

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	<p>both observation periods the facility's kitchen refrigerator did not contain lunchmeat and milk containers. During both observation periods client #3 walked to the closed office door. Client #3 stood multiple times in front of the closed door and stared, looked around the room/area to locate a staff person near the area, and then walked away from the closed doorway. During both observation periods the facility staff and the RM accessed the facility's snacks, milk, and lunchmeat without client involvement to access the items stored behind the closed office door.</p> <p>On 2/10/15 at 3:40pm, clients #1, #2, #3, #4, #5, #6, #7, and #8 told Group Home Staff (GHS) #1 and the RM the snack item each client wanted. The RM and GHS #1 retrieved the snack items from behind the closed office door and carried the items to the dining room table. At 4:45pm, the RM stated the milk and lunchmeat were kept in a separate refrigerator and the snacks were kept in the office behind the closed door because client #3 "would drink the whole gallon of milk and eat all the snacks" if the items were not kept away from the client refrigerator in the kitchen. At 5:00pm, GHS #1 stated client #3 ate "excessively and continuously." At 5:00pm, GHS #1 indicated the facility did not have milk,</p>		<ul style="list-style-type: none"> <li>· Clients will have freedom of movement throughout the home and access to all food per their BSPs.</li> <li>· Staff will be retrained to regarding restrictions, programs and respecting clients' movement within home.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Home manager will retrain staff on clients' freedom of movement throughout home and monitor staff compliance daily.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> 3/21/15</p>	

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	<p>lunchmeat, and snacks accessible for clients #1, #2, #3, #4, #5, #6, #7, and #8 to independently access the items in the kitchen of the facility. At 5:00pm, the RM indicated the door to the office was not locked, but kept closed when staff were not present.</p> <p>On 2/12/15 at 8:20am, client #1's record was reviewed. Client #1's 10/13/14 ISP (Individual Support Plan), 10/2014 BSP (Behavior Support Plan), and 10/2014 CFA (Comprehensive Functional Assessment) did not indicate an identified need to secure snacks and food items. Client #1's record did not indicate consent for secured food items.</p> <p>On 2/12/15 at 10:00am, client #2's record was reviewed. Client #2's 4/7/14 ISP (Individual Support Plan), 4/2014 BSP (Behavior Support Plan), and 4/2014 CFA (Comprehensive Functional Assessment) did not indicate an identified need to secure snacks and food items. Client #2's record did not indicate consent for secured food items.</p> <p>On 2/12/15 at 9:00am, client #3's record was reviewed. Client #3's 10/20/14 ISP (Individual Support Plan), 10/2014 BSP (Behavior Support Plan), and 10/2014 CFA (Comprehensive Functional Assessment) did not indicate an</p>			

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	<p>identified need to secure snacks and food items. Client #3's record did not indicate consent for secured food items.</p> <p>On 2/12/15 at 10:45am, client #4's record was reviewed. Client #4's 11/17/14 ISP (Individual Support Plan), 11/2014 BSP (Behavior Support Plan), and 11/2014 CFA (Comprehensive Functional Assessment) did not indicate an identified need to secure snacks and food items. Client #4's record did not indicate consent for secured food items.</p> <p>On 2/12/15 at 11:30am, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated she was not aware the food items were kept secured behind the closed office door away from clients #1, #2, #3, #4, #5, #6, #7, and #8. The QIDP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 did not have unimpeded access to the items and did not have goals or a plan to decrease the restrictions of the secured items. The QIDP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 had not given consent for the items to be secured. The QIDP indicated no assessments were completed for clients #1, #2, #3, #4, #5, #6, #7, and #8 for secured food items.</p> <p>9-3-2(a)</p>				

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W 149  Bldg. 00	<p>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, for 2 of 11 BDDS (Bureau of Developmental Disabilities Services) reports for 2 of 3 allegations of abuse, neglect, and/or mistreatment (for clients #1, #2, #3, #4, #5, #6, #7, and #8), the facility neglected to implement their Abuse/Neglect/Mistreatment policy to complete sufficient corrective actions, to complete thorough investigations, and to immediately report allegations of abuse, neglect, and/or mistreatment.</p> <p>Findings include:</p> <p>1. On 2/10/15 at 9:55am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and included the following for clients #1, #2, #3, #4, #5, #6, #7, and #8:</p> <p>-An 10/17/14 BDDS report for client #5 for an incident on 10/16/14 at 4:20pm, indicated "Staff reported to the Home Manager (the Residential Manager RM) that another staff was sleeping during an</p>			W 149	<p><b>W149 Staff Treatment of Clients</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· All Direct Service Professionals, Home Manager and Program Director, in the home, will be retrained on Suspected Abuse, Neglect and Exploitation Reporting Policy.</li> <li>· All suspected incidents of ANE will be reported to Home Manager and Program Director, immediately upon knowledge.</li> <li>· Program Director will report suspected incidents of ANE to BDDS and APS, per state law and investigate per Mentor policy.</li> <li>· Area Director will monitor compliance with reporting and investigation policy.</li> </ul> <p><b>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?</b></p>		03/21/2015

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	<p>awake shift." The report indicated "there were other staff present" and the clients were safe. The staff was suspended. The report did not indicate what had occurred with client #5.</p> <p>-A 11/5/14 BDDS follow up report indicated "the staff was ill...simply did not clock out before laying down to wait on her ride." The report indicated "Plan to resolve...to retrain staff." No investigation, staff retraining, or completed corrective action was available for review.</p> <p>-An 10/16/14 at 4:20pm "Incident Report" for client #5 indicated client #5 had fallen after his shower while dressing in the bathroom. No injuries were documented. The report did not include an investigation available for review of client #5's fall.</p> <p>2. On 2/10/15 at 9:55am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and included the following regarding staff to client allegations for clients #1, #2, #3, #4, #5, #6, #7, and #8:</p> <p>-A 1/15/15 BDDS report for an incident on 1/9/15 at 5:30pm indicated client #1</p>		<ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· All Direct Service Professionals, Home Manager and Program Director, in the home, will be retrained on Suspected Abuse, Neglect and Exploitation Reporting Policy.</li> <li>· All suspected incidents of ANE will be reported to Home Manager and Program Director, immediately upon knowledge.</li> <li>· Program Director will report suspected incidents of ANE to BDDS and APS, per state law and investigate per Mentor policy</li> <li>· Area Director will monitor compliance with reporting and investigation policy.</li> </ul> <p><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></p> <ul style="list-style-type: none"> <li>· Program Director will report suspected incidents of ANE to BDDS and APS, per state law and investigate per Mentor policy</li> <li>· Area Director will monitor compliance with reporting and investigation policy.</li> </ul> <p><b>4. 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 Director will report suspected incidents of ANE to BDDS and APS, per state law and investigate per Mentor policy</li> </ul>				

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	<p>had a "possible verbal abuse incident involving [clients #1 and #2]...It was reported to the Program Director [PD] on Saturday, January 10, 2015 at 10:43am, from Staff #1. Staff #1 said that this incident took place Friday evening during dinner. Staff #1 worked 4:30pm -12:30am that evening and didn't want to wake the Program Director so she waited until Saturday morning to contact her...Staff #1 (indicated) [GHS (Group Home Staff)] Staff #2 came into work not in a good mood. Later that shift when the consumers (clients #1, #2, #3, #4, #5, #6, #7, and #8) were sitting at the dinner table to eat [client #1] started to complain about what was for dinner. Then staff #2 snapped at [client #1] in front of all of the other consumers except [client #2] telling him that he shouldn't be complaining and trying to cause trouble because he is already in enough trouble with the Home Manager and his behavioral counselor for using magazines for self gratification. According to staff #1, staff #2 continued with lecturing [client #1] in front of everyone saying that what he is doing in those magazines is disgusting. Staff #2 said that both [clients #1 and #2] are gross for doing it, self gratification. Plan to resolve: Program Director reported this to the Area Director. An investigation is still ongoing...Staff suspended...."</p>		<p>Area Director will monitor compliance with reporting and investigation policy.</p> <p>5. What is the date by which the systemic changes will be completed? 3/21/15</p>	

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	<p>-A 1/21/15 BDDS Follow up report indicated "Evidence supports both [clients #1 and #2] feel [Group Home Staff #2] yells and is mean. Both staff will be retrained regarding the expectation of reporting suspected abuse/neglect/mistreatment before returning to work...Although evidence does not support verbal abuse, evidence does support the likelihood of an inappropriate conversation that occurred involving [Group Home Staff #2] involving [clients #1 and #2] on 1/9/15. Staff are allowed to return back to work after completing their retraining regarding the expectation of reporting suspected abuse/neglect/exploitation...."</p> <p>-A 1/16/15 "Investigation" indicated the events of 1/9/15 and did not include interviews with clients #3, #4, #5, #6, #7 or #8. The investigation indicated "No other clients present at the dinner table on 1/9/15 at Riley Road were interviewed due to the inability to report accurately." The investigation indicated a recommendation was made for retraining the individual staff for reporting allegation. The investigation did not include the agency's recommendation of corrective action of staff retraining on reporting, to prevent abuse/neglect/exploitation, completion</p>			

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	<p>dates for the staff involved in the incident, for interactions with clients, or for client specific ISPs (Individual Support Plans) or BSPs (Behavior Support Plans).</p> <p>On 2/12/15 at 11:30am, an interview was conducted with the QIDP and the Area Director (AD). The QIDP and AD both indicated the facility followed the BDDS reporting and investigating policy and procedure. The QIDP indicated no further investigation information was available for review for client #1, #2, #3, #4, #5, #6, #7, and #8's allegation of abuse, neglect, and exploitation on 1/9/15. The QIDP and the AD both indicated the allegation was not immediately reported. The QIDP and AD both indicated the recommended corrective actions for both allegations were not available for review for staff retraining on interaction with clients and reporting. The QIDP indicated she thought the retrainings were completed with the specific staff involved and no documented trainings were available for review. The QIDP indicated she was unsure if the entire staff were retrained for the agency's policy and procedure for abuse, neglect, and/or mistreatment. The AD indicated not all clients living in the home were interviewed during the investigation process.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G238	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/19/2015
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1803 RILEY RD NEW CASTLE, IN 47362
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W 153  Bldg. 00	<p>On 2/10/15 at 2:00pm, a record review was conducted of the 6/11/2002 BDDS "Incident Reporting" policy and procedure indicated "...Neglect, includes failure to provide appropriate care, food, medical care, or supervision...."</p> <p>On 2/10/15 at 10:00am, a record review was conducted of the facility's 4/2011 policy and procedure "Suspected Abuse, Neglect, &amp; Exploitation Reporting" was reviewed. The policy and procedure indicated the agency prohibited abuse, neglect, and/or mistreatment and all employees are responsible to immediately report incidents of abuse, neglect, and/or mistreatment. The policy and procedure indicated "Neglect: the 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...."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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</p>			

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	<p>through established procedures. Based on record review and interview, for 1 of 11 BDDS (Bureau of Developmental Disabilities Services) reports for 1 of 3 allegations of abuse, neglect, and/or mistreatment (for clients #1, #2, #3, #4, #5, #6, #7, and #8), the facility failed to immediately report allegations of abuse, neglect, and/or mistreatment to the administrator and in accordance with State Law.</p> <p>Findings include:</p> <p>On 2/10/15 at 9:55am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and included the following regarding staff to client allegations for clients #1, #2, #3, #4, #5, #6, #7, and #8:</p> <p>-A 1/15/15 BDDS report for an incident on 1/9/15 at 5:30pm indicated client #1 had a "possible verbal abuse incident involving [clients #1 and #2]...It was reported to the Program Director [PD] on Saturday, January 10, 2015 at 10:43am, from Staff #1. Staff #1 said that this incident took place Friday evening during dinner. Staff #1 worked 4:30pm -12:30am that evening and didn't want to wake the Program Director so she waited</p>	W 153	<p><b>W153 Staff Treatment of Clients</b> 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><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin.</li> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director will report all incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS, per state law</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown</li> </ul>	03/21/2015			

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	<p>until Saturday morning to contact her...Staff #1 (indicated) [GHS (Group Home Staff)] Staff #2 came into work not in a good mood. Later that shift when the consumers (clients #1, #2, #3, #4, #5, #6, #7, and #8) were sitting at the dinner table to eat [client #1] started to complain about what was for dinner. Then staff #2 snapped at [client #1] in front of all of the other consumers except [client #2] telling him that he shouldn't be complaining and trying to cause trouble because he is already in enough trouble with the Home Manager and his behavioral counselor for using magazines for self gratification. According to staff #1, staff #2 continued with lecturing [client #1] in front of everyone saying that what he is doing in those magazines is disgusting. Staff #2 said that both [clients #1 and #2] are gross for doing it, self gratification. Plan to resolve: Program Director reported this to the Area Director. An investigation is still ongoing...Staff suspended...."</p> <p>On 2/12/15 at 11:30am, an interview was conducted with the QIDP and the Area Director (AD). The QIDP and AD both indicated the facility followed the BDDS reporting policy and procedure. The QIDP indicated no further information was available for review for client #1, #2, #3, #4, #5, #6, #7, and #8's allegation of</p>		<p>origin.</p> <ul style="list-style-type: none"> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director will report all incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS, per state law</li> </ul> <p><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></p> <ul style="list-style-type: none"> <li>· All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin.</li> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director will report all incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS, per state law.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director will report all incidents of client to client abuse or injuries of unknown origin will be</li> </ul>	

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W 154 Bldg. 00	<p>abuse, neglect, and exploitation on 1/9/15. The QIDP and the AD both indicated the allegation was not immediately reported.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, for 2 of 11 BDDS (Bureau of Developmental Disabilities Services) reports for 2 of 3 allegations of abuse, neglect, and/or mistreatment (for clients #1, #2, #3, #4, #5, #6, #7, and #8), the facility failed to complete thorough investigations.</p> <p>Findings include:</p> <p>1. On 2/10/15 at 9:55am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and included the following for clients #1, #2, #3, #4, #5, #6, #7, and #8:</p> <p>-An 10/17/14 BDDS report for client #5 for an incident on 10/16/14 at 4:20pm,</p>	W 154	<p>reported to BDDS and APS, per state law.</p> <p><b>5. What is the date by which the systemic changes will be completed?</b> 3/21/15</p> <p><b>W154 Staff Treatment of Clients</b> The facility must ensure that all alleged violations are thoroughly investigated.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin.</li> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director report all incidents to BDDS and APS, per state law.</li> <li>· Program Director will investigate and report findings, per policy and state law.</li> </ul> <p><b>2. How will we identify other residents having the potential to be</b></p>	03/21/2015	

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	<p>indicated "Staff reported to the Home Manager (the Residential Manager RM) that another staff was sleeping during an awake shift." The report indicated "there were other staff present" and the clients were safe. The staff was suspended. The report did not indicate what had occurred with client #5.</p> <p>-A 11/5/14 BDDS follow up report indicated "the staff was ill...simply did not clock out before laying down to wait on her ride." The report indicated "Plan to resolve...to retrain staff." No investigation was available for review.</p> <p>-An 10/16/14 at 4:20pm "Incident Report" for client #5 indicated client #5 had fallen after his shower while dressing in the bathroom. No injuries were documented.</p> <p>2. On 2/10/15 at 9:55am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and included the following regarding staff to client allegations for clients #1, #2, #3, #4, #5, #6, #7, and #8:</p> <p>-A 1/15/15 BDDS report for an incident on 1/9/15 at 5:30pm indicated client #1 had a "possible verbal abuse incident</p>		<p><b>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>· All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin.</li> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director report all incidents to BDDS and APS, per state law.</li> <li>· Program Director will investigate and report findings, per policy and state law.</li> </ul> <p><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></p> <ul style="list-style-type: none"> <li>· All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin.</li> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director will report all incidents to BDDS and APS, per state law.</li> <li>· Program Director will investigate and report findings, per policy and state law.</li> </ul>				

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	<p>involving [clients #1 and #2]...It was reported to the Program Director [PD] on Saturday, January 10, 2015 at 10:43am, from Staff #1. Staff #1 said that this incident took place Friday evening during dinner. Staff #1 worked 4:30pm -12:30am that evening and didn't want to wake the Program Director so she waited until Saturday morning to contact her...Staff #1 (indicated) [GHS (Group Home Staff)] Staff #2 came into work not in a good mood. Later that shift when the consumers (clients #1, #2, #3, #4, #5, #6, #7, and #8) were sitting at the dinner table to eat [client #1] started to complain about what was for dinner. Then staff #2 snapped at [client #1] in front of all of the other consumers except [client #2] telling him that he shouldn't be complaining and trying to cause trouble because he is already in enough trouble with the Home Manager and his behavioral counselor for using magazines for self gratification. According to staff #1, staff #2 continued with lecturing [client #1] in front of everyone saying that what he is doing in those magazines is disgusting. Staff #2 said that both [clients #1 and #2] are gross for doing it, self gratification. Plan to resolve: Program Director reported this to the Area Director. An investigation is still ongoing...Staff suspended...."</p>		<p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director will report all incidents to BDDS and APS, per state law.</li> <li>· Program Director will investigate and report findings, per policy and state law.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> 3/21/15</p>				

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	<p>-A 1/21/15 BDDS Follow up report indicated "Evidence supports both [clients #1 and #2] feel [Group Home Staff #2] yells and is mean. Both staff will be retrained regarding the expectation of reporting suspected abuse/neglect/mistreatment before returning to work...Although evidence does not support verbal abuse, evidence does support the likelihood of an inappropriate conversation that occurred involving [Group Home Staff #2] involving [clients #1 and #2] on 1/9/15. Staff are allowed to return back to work after completing their retraining regarding the expectation of reporting suspected abuse/neglect/exploitation...."</p> <p>-A 1/16/15 "Investigation" indicated the events of 1/9/15 and did not include interviews with clients #3, #4, #5, #6, #7 or #8. The investigation indicated "No other clients present at the dinner table on 1/9/15 at Riley Road were interviewed due to the inability to report accurately." The investigation indicated a recommendation was made for retraining the individual staff for reporting allegation. The investigation did not include the corrective action for the recommendation of staff training for reporting, to prevent abuse/neglect/exploitation, completion dates for the staff involved in the</p>						

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W 157 Bldg. 00	<p>incident, for interactions with clients, or for client specific ISPs (Individual Support Plans) or BSPs (Behavior Support Plans).</p> <p>On 2/12/15 at 11:30am, an interview was conducted with the QIDP and the Area Director (AD). The QIDP and AD both indicated the facility followed the BDDS reporting and investigating policy and procedure. The QIDP indicated no further investigation information was available for review for client #1, #2, #3, #4, #5, #6, #7, and #8's allegation of abuse, neglect, and exploitation on 1/9/15. The AD indicated not all clients living in the home were interviewed during the investigation process.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, for 2 of 11 BDDS (Bureau of Developmental Disabilities Services) reports for 2 of 3 allegations of abuse, neglect, and/or mistreatment (for clients #1, #2, #3, #4, #5, #6, #7, and #8), the facility failed to complete sufficient corrective actions.</p>	W 157	<p><b>W157 Staff Treatment of Clients</b> If the alleged violation is verified, appropriate corrective action must be taken.</p> <p><b>1. What corrective action will be accomplished?</b> · All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown</p>	03/21/2015	

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	<p>Findings include:</p> <p>1. On 2/10/15 at 9:55am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and included the following for clients #1, #2, #3, #4, #5, #6, #7, and #8:</p> <p>-An 10/17/14 BDDS report for client #5 for an incident on 10/16/14 at 4:20pm, indicated "Staff reported to the Home Manager (the Residential Manager RM) that another staff was sleeping during an awake shift." The report indicated "there were other staff present" and the clients were safe. The staff was suspended. The report did not indicate what had occurred with client #5.</p> <p>-A 11/5/14 BDDS follow up report indicated "the staff was ill...simply did not clock out before laying down to wait on her ride." The report indicated "Plan to resolve...to retrain staff." No staff retraining or completed corrective action was available for review.</p> <p>-An 10/16/14 at 4:20pm "Incident Report" for client #5 indicated client #5 had fallen after his shower while dressing in the bathroom. No injuries were documented.</p>		<p>origin.</p> <ul style="list-style-type: none"> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director will report all incidents to BDDS and APS, per state law.</li> <li>· Program Director will investigate and report findings, per policy and state law.</li> <li>· All corrective actions recommended from the completed investigation will be executed and documented by the Program Director.</li> <li>· Area Director will monitor the actions are consistently implemented per policy.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin.</li> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director will report all incidents to BDDS and APS, per state law.</li> </ul>				

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	<p>2. On 2/10/15 at 9:55am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and included the following regarding staff to client allegations for clients #1, #2, #3, #4, #5, #6, #7, and #8:</p> <p>-A 1/15/15 BDDS report for an incident on 1/9/15 at 5:30pm indicated client #1 had a "possible verbal abuse incident involving [clients #1 and #2]...It was reported to the Program Director [PD] on Saturday, January 10, 2015 at 10:43am, from Staff #1. Staff #1 said that this incident took place Friday evening during dinner. Staff #1 worked 4:30pm -12:30am that evening and didn't want to wake the Program Director so she waited until Saturday morning to contact her...Staff #1 (indicated) [GHS (Group Home Staff)] Staff #2 came into work not in a good mood. Later that shift when the consumers (clients #1, #2, #3, #4, #5, #6, #7, and #8) were sitting at the dinner table to eat [client #1] started to complain about what was for dinner. Then staff #2 snapped at [client #1] in front of all of the other consumers except [client #2] telling him that he shouldn't be complaining and trying to cause trouble because he is already in enough trouble with the Home</p>		<ul style="list-style-type: none"> <li>· Program Director will investigate and report findings, per policy and state law.</li> <li>· All corrective actions recommended from the completed investigation will be executed and documented by the Program Director.</li> <li>· Area Director will monitor the actions are consistently implemented per policy.</li> </ul> <p><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></p> <ul style="list-style-type: none"> <li>· All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin.</li> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director will report all incidents to BDDS and APS, per state law.</li> <li>· Program Director will investigate and report findings, per policy and state law.</li> <li>· All corrective actions recommended from the completed investigation will be executed and documented by the Program Director.</li> <li>· Area Director will monitor the actions are consistently implemented, per policy.</li> </ul>	

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	<p>Manager and his behavioral counselor for using magazines for self gratification. According to staff #1, staff #2 continued with lecturing [client #1] in front of everyone saying that what he is doing in those magazines is disgusting. Staff #2 said that both [clients #1 and #2] are gross for doing it, self gratification. Plan to resolve: Program Director reported this to the Area Director. An investigation is still ongoing...Staff suspended...."</p> <p>-A 1/21/15 BDDS Follow up report indicated "Evidence supports both [clients #1 and #2] feel [Group Home Staff #2] yells and is mean. Both staff will be retrained regarding the expectation of reporting suspected abuse/neglect/mistreatment before returning to work...Although evidence does not support verbal abuse, evidence does support the likelihood of an inappropriate conversation that occurred involving [Group Home Staff #2] involving [clients #1 and #2] on 1/9/15. Staff are allowed to return back to work after completing their retraining regarding the expectation of reporting suspected abuse/neglect/exploitation...."</p> <p>-A 1/16/15 "Investigation" indicated the events of 1/9/15 and indicated the recommendation was made for retraining</p>		<p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Staff will notify Home Manager of any incidents.</li> <li>· Home Manager will notify Program Director of any incidents.</li> <li>· Program Director will report all incidents to BDDS and APS, per state law.</li> <li>· Program Director will investigate and report findings, per policy and state law.</li> <li>· All corrective actions recommended from the completed investigation will be executed and documented by the Program Director.</li> <li>· Area Director will monitor the actions are consistently implemented per policy.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> 3/21/15</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G238		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/19/2015	
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W 391 Bldg. 00	<p>the individual staff for reporting allegation. The investigation did not include staff training for reporting, to prevent abuse/neglect/exploitation, completion dates for the staff involved in the incident, for interactions with clients, or for client specific ISPs (Individual Support Plans) or BSPs (Behavior Support Plans).</p> <p>On 2/12/15 at 11:30am, an interview was conducted with the QIDP and the Area Director (AD). The QIDP and AD both indicated the recommended corrective actions for both allegations were not available for review. The QIDP indicated she thought the retrainings were completed with the specific staff involved and no documented trainings were available for review. The QIDP indicated she was unsure if the entire staff were retrained for the agency's policy and procedure for abuse, neglect, and/or mistreatment.</p> <p>9-3-2(a)</p> <p>483.460(m)(2)(ii) DRUG LABELING The facility must remove from use drug containers with worn, illegible, or missing labels. Based on observation, record review, and</p>	W 391	<p><b>W391 Drug Labeling</b> The facility must remove from use</p>	03/21/2015			

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	<p>interview, for 1 of 4 sampled clients (client #4), the facility failed to remove from use the medication containers without labels and/or illegible labels from the supply on 2/10/15.</p> <p>Findings include:</p> <p>On 2/10/15 at 4:35pm, GHS (Group Home Staff) #1 selected client #4's "Docu (Docusate Sodium for constipation medication) 150/15ml (milliliters) liq. (liquid)...oral (by mouth)" and the label had dried liquid on the label which had caused the ink on the label to run smearing the directions for use. GHS #1 administered client #4's Docusate medication and client #4 took the medication. At 4:40pm, client #4's 2/2015 MAR (Medication Administration Record) indicated "Docu (Docusate Sodium for constipation medication) 150/15ml (milliliters) liq. (liquid) 10ml, liquid, oral (by mouth), twice daily."</p> <p>On 2/11/15 at 6:20am, GHS #3 located client #4's same bottle of "Docu (Docusate Sodium for constipation medication) 150/15ml (milliliters) liq. (liquid)...oral (by mouth)" used on 2/10/15 and indicated the bottle was still available for use.</p> <p>On 2/12/15 at 10:45am, client #4's</p>		<p>drug containers with worn, illegible or missing labels.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· All staff will be retrained on protocol for medication administration, specifically how to address worn, illegible and missing labels.</li> <li>· Staff will notify Home Manager of any incidents of faulty labeling.</li> <li>· Home Manager will report labeling issues to pharmacy and obtain appropriately labeled medications.</li> <li>· Home manager will notify Program Director of any incidents of faulty labeling.</li> <li>· Program Director will monitor that labeling issues are addressed per policy.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· All staff will be retrained on protocol for medication administration, specifically how to address worn, illegible and missing labels.</li> <li>· Staff will notify Home</li> </ul>	

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	<p>11/18/14 "Physician's Order" indicated "Docu (Docusate Sodium for constipation medication) 150/15ml (milliliters) liq. (liquid) 10ml, liquid, oral (by mouth), twice daily."</p> <p>On 2/12/15 at 9:20am, an interview with the agency's Registered Nurse (RN) was conducted. The RN stated "all" medications administered by the group home staff to clients living in the group home should have a "legible pharmacy label." The RN indicated the label should include the client name and directions for the medication use. The RN indicated the facility followed the Core A/Core B training for medication administration and the facility's policy and procedure for medication administration.</p> <p>On 2/12/15 at 9:20am, a review of the 2004 "Living in the Community" medication administration training manual, Core Lesson 2: Responsibilities in the Area of Medication Administration indicated medications should be labeled.</p> <p>9-3-6(a)</p>		<p>Manager of any incidents of faulty labeling.</p> <ul style="list-style-type: none"> <li>· Home Manager will report labeling issues to pharmacy and obtain appropriately labeled medications.</li> <li>· Home manager will notify Program Director of any incidents of faulty labeling.</li> <li>· Program Director will monitor that labeling issues are addressed per policy.</li> </ul> <p><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></p> <ul style="list-style-type: none"> <li>· All staff will be retrained on protocol for medication administration, specifically how to address worn, illegible and missing labels.</li> <li>· Staff will notify Home Manager of any incidents of faulty labeling.</li> <li>· Home Manager will report labeling issues to pharmacy and obtain appropriately labeled medications.</li> <li>· Home manager will notify Program Director of any incidents of faulty labeling.</li> <li>· Program Director will monitor that labeling issues are addressed per policy.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p>		

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