STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G567	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM OCCAZIO LLC	11 GLORIA DR TRAFALGAR, IN 46181

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W 0000 Bldg. 00	This visit was for a fundamental annual recertification and state licensure survey. Dates of Survey: 10/5/15, 10/6/15, 10/7/15, 10/8/15 and 10/13/15. Facility Number: 001081 Provider Number: 15G567 AIMS Number: 100239920 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review of this report completed by #09182 on 10/16/2015.	W 0000		
W 0125 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 record review and interview for 1 of 4 sampled clients (#4), plus 1 additional client (#8), the facility failed to ensure clients #4 and #8 exercised their rights to be gainfully employed.	W 0125	**1.What corrective action will be accomplished?** · Area Director to meet with Shares on 10/3/15 to discuss sheltered work opportunity for Clients 4 and 8. · IDT to meet with Clients 4 and 8 to discuss work options	11/12/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Findings include: AD (Area Director) #1 was interviewed on 10/6/15 at 9:40 AM. AD #1 indicated the agency had started their own day services a year and a half ago when the agency's ownership was transitioned to a new company. AD #1 indicated when the agency opened its own day services the previous sheltered workshop in the local area closed. AD #1 indicated clients who had previously attended the sheltered workshop now attended the agency day services. AD #1 indicated the agency owned/operated day services offered non-paid work services and programming. AD #1 indicated the agency had attempted to coordinate paid employment opportunities with vocational rehabilitation services, however, had not been successful in obtaining paid work opportunities. AD #1 indicated clients should be offered paid work opportunities in consideration of their vocational assessments and personal preferences. 1. Client #4's record was reviewed on 10/6/15 at 3:02 PM. Client #4's Day Program Safeguard form dated 3/11/15 indicated, "[Client #4] may be a candidate for community employment, as he has done this in the past. He enjoys shredding paper."		available as well as client goals in regard to work. **1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · IDT will meet with all clients to assess and discuss work options available as well as client goals in regard to work. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · IDT will discuss goals and work options available at annual meeting for all clients. · Program Coordinator will perform a random monthly observation in the day program setting to ensure clients are engaged in meaningful activities and to evaluate if clients are interested in exploring other options in terms of day-time activity. · Bi-annually, all clients at the day program will be interviewed in regard to services provided at day program and satisfaction with the program. **1.How will the corrective action be monitored to ensure the deficient practice will not recur?** · Program Director (QIDP) and	

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	2. Client #8's record was reviewed on 10/8/15 at 5:30 PM. Client #8's Functional Vocational Assessment (FVA) dated 7/28/15 indicated client #8 scored 3 out of 5 on a scale of independence regarding work skills, 5 out of 5 on a scale of independence regarding attention to tasks and completion, 4 out of 5 on a scale of independence regarding adaptation to change, social interaction and behavior. Client #8 was not available for interview during the review period. HM (Home Manager) #1 was interviewed on 10/7/15 at 8:05 AM. HM #1 indicated client #8 asked her about finding employment twice weekly. HM #1 indicated client #8 was interested in finding paid employment and was capable of doing work activities. HM #1 indicated client #4 was able to complete work activities with supports. 9-3-2(a)		Area Director will review all observations monthly to ensure every client has the opportunity to explore available options in terms of employment, day programming and volunteer opportunities. · Program Director (QIDP) and Area Director will review all interviews regarding client satisfaction with programs they are enrolled in to ensure that needs are met and goals are explored. · Quality Improvement Coordinator will also review all interviews regarding client satisfaction with programs they are enrolled in. **1.What is the date by which the systemic changes will be completed?** November 12, 2015	
W 0250 Bldg. 00	483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.			

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	Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2 had a schedule/outline of her active treatment program. Findings include: Observations were conducted at the group home on 10/7/15 from 6:30 AM through 8:15 AM. At 7:45 AM, client #2's housemates, clients #1, #3, #4, #5, #6 and #7, entered the group home van for transport to the day program. Client #2 was seated in her wheelchair in the living room area and asked HM (Home Manager) #1, "Can I go to work too?" Client #2 remained at the home and did not attend a day service. HM #1 was interviewed on 10/7/15 at 8:05 AM. HM #1 indicated client #2 had been re-admitted to the group home following an extended hospitalization and stay at a rehabilitation center. HM #1 indicated client #2 did not attend day services and stayed at the group home throughout the day with staff. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/7/15 at 8:10 AM. QIDP #1 indicated client #2 remained at the group home during the day with staff and did not	W 0250	**1.What corrective action will be accomplished?** · IDT will meet to discuss programmatic needs of Client 2 in terms of day programming and adaptations that need to be in place for her return to structured day programming facility. · Program Director (QIDP) will implement a formal day programming schedule until Client 2 is able to return full time to a structured day programming facility. **1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** Program Director will review day programming needs for any clients not attending structured day programming to ensure that a formal schedule is implemented in the home environment for those not attending on a daily basis. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Direct Support Staff will be trained regarding day programming schedules for Client 2 and for any other clients who do not attend structured day programming. **1.How will the corrective action be monitored to ensure the**	11/12/2015

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	attend a day service. QIDP #1 indicated there was not documentation available regarding an active treatment schedule or an outline of client #2's active treatment program to implement during the day time hours while not attending day services. Client #2's record was reviewed on 10/8/15 at 5:30 PM. Client #2's record did not indicate documentation of an active treatment schedule or outline regarding her active treatment program. 9-3-4(a)		**deficient practice will not recur?** · Monthly, IDT will convene and assess progress of any client who is not able to attend structured day program to ensure that programming is in place and that change in status is addressed to ensure all opportunities for client are available as status changes. **1.What is the date by which the systemic changes will be completed?** November 12, 2015	
W 0312 Bldg. 00	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. Based on record review and interview for 1 of 4 sampled clients who received psychotropic medications (#3), the facility failed to ensure client #3's use of psychotropic medications for behavior management was included in an active treatment program to reduce or eliminate the need for the medication. Findings include:	W 0312	**1.What corrective action will be accomplished?** · Client 3's behavior plan will be updated to include usage of presedate medication prior to medical appointment. · Formal programming for Client 3 in regard to desentization for medical appointments to reduce or eliminate the need for medication prior to appointment.	11/12/2015

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	Client #3's record was reviewed on 10/6/15 at 3:02 PM. Client #3's ISP (Individual Support Plan) dated 10/17/14 indicated, "Valium (sedative) prior to doctors, labs or x-rays." Client #3's Active Medications/Physician's Orders form dated 8/1/15 indicated, "Diazepam (sedative) 5 milligrams PRN (As Needed) prior to appointments." Client #3's BSP (Behavior Support Plan) dated 10/17/14 did not indicate documentation of a plan of reduction or active treatment program to reduce or eliminate the need for client #3's PRN use of Diazepam for behavior management. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/7/15 at 8:10 AM. QIDP #1 indicated client #3's PRN use of Diazepam should have an active treatment program to reduce or eliminate the need for the pre-appointment sedation of client #3. 9-3-5(a)		**1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · Program Director (QIDP) will review all behavior plans and medications to ensure that desentization programming is in place for clients who utilize presedate medications prior to medical appointments. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Behavior Plans, along with medications, will be reviewed annually by IDT to ensure that all medications have been implemented and included in plan. · Psychiatric notes will be reviewed immediately by RN and Program Director (QIDP) to ensure any medication changes are discussed by IDT and included in behavior plan, as well as to ensure that formal programming is implemented when necessary. **1.How will the corrective action be monitored to ensure the deficient practice will not recur?** · All behavior plans will be reviewed during the Quarterly Health and Safety Assessments review to ensure changes have been included in	

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			plans. · Quarterly Health and Safety Assessments will be reviewed by Program Director, Area Director and Quality Improvement Coordinator. **1.What is the date by which the systemic changes will be completed?** November 12, 2015	
W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 4 additional clients (#5, #6, #7 and #8), the facility failed to conduct fire drills for each quarter of each shift of personnel. Findings include: The facility's fire evacuation log book was reviewed on 10/7/15 at 8:20 AM. The review did not indicate documentation of a fire evacuation drill being conducted for overnight shift, third quarter of 2015 (July, August, September) for clients #1, #2, #3, #4, #5, #6, #7 and #8. HM (Home Manager) #1 was interviewed on 10/7/15 at 8:05 AM. HM #1 indicated there was not additional documentation	W 0440	**1.What corrective action will be accomplished?** · Third shift fire drill will be completed by November 12, 2015. **1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All clients have the potential to be affected by this deficient practice. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Program Coordinator provided with a tracking form to ensure drills are done in accordance to federal guidelines.	11/12/2015

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	available for review regarding fire evacuation drills for the third quarter of 2015 for the overnight shift. 9-3-7(a)		**1.How will the corrective action be monitored to ensure the deficient practice will not recur?** · Area Director and Program Director will review drills monthly to ensure drills are being properly run. **1.What is the date by which the systemic changes will be completed?** November 12, 2015	