

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G239	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/29/2011
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NAME OF PROVIDER OR SUPPLIER OCCAZIO INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S 14TH ST NEW CASTLE, IN47362
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: December 27, 28, and 29, 2011</p> <p>Surveyors: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 000762 Provider Number: 15G239 AIMS Number: 100234890</p> <p>These deficiencies also reflects state findings under 460 IAC 9. Quality Review completed 1-5-12 by C. Neary, Program Coordinator.</p>	W0000		
W0120	<p>The facility must assure that outside services meet the needs of each client.</p> <p>Based on record review and interview, the outside day services failed for 2 of 8 clients who resided in the home (clients #4 and #8) by not taking appropriate corrective action to prevent client #4 from being physically agressive towards client #8; and by not reporting timely to BDDS (Bureau of Developmental Disabilities Services) an incident of client to client abuse; and failing to report timely to the State a client behavioral incident.</p> <p>Findings include:</p>	W0120	<p><b>W120 Services Provided With Outside Services</b></p> <p>The outside day services failed for 2 out of 8 clientswho resided in the home (clients #4 and #8) by not taking appropriate correctiveaction to prevent client #4 from being physically aggressive toward client #8;and by not reporting timely to BDDS an incident of client to client abuse; andfailing to report timely to the state a client behavioral incident.</p> <p><b>1. What corrective action will be accomplished?</b></p>	01/28/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defenciency statement ending with an asterisk (\*) denotes a deficieny 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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	<p>Review on 12/27/11 at 9:15 AM of the facility's BDDS incident reports that occurred at the workshop was conducted and included the following reports:</p> <p>10/25/11: Client #8 was on his way to lunch. The supervisor was gathering everyone up and taking them to lunch. A male peer (client #4), who was also client #8's housemate, was agitated and having a behavior. Client #4 went up to client #8 and bit him on the right arm around the shoulder/armpit area. Client #8 had a bite mark but the skin was not broken. An Occazio staff came to workshop and picked up client #4.</p> <p>11/3/11: Client #4 touched client #8's buttock area while in the open workshop. Client #4 pulled at client #8's clothing. Client #4 punched client #8 in the head. Client #8 slapped client #4 on the arm. There were no injuries observed. Client #4 and client #8 were separated and redirected back to their work areas.</p> <p>11/29/11: Client #4 was agitated and pacing the floor in his work area. Client #4 punched client #8 in the eye causing a black eye. Client #4 also grabbed at client #8's buttocks and genital areas. The RC (Residential Coordinator) picked up client #4 early from the workshop. Client #4 "will be re-assigned to a new work area</p>		<ul style="list-style-type: none"> <li>•<input type="checkbox"/>The workshop will review client #8 behaviorplan.</li> <li>•<input type="checkbox"/>The workshop will be proactive in preventing incidents of physical aggression.</li> <li>•<input type="checkbox"/>The workshop will report incidents to BDDS perBDDS guidelines in a timely manner.</li> </ul> <p><b>2. Howwill we identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>•<input type="checkbox"/>All clients participating in workshop serviceshave the potential to be effected.</li> <li>•<input type="checkbox"/>Each client will have a yearly assessment (IndividualPlan of Protections)</li> </ul> <p><b>3. The following measures will be put into placeto ensure that the deficient practice does not recur.</b></p> <ul style="list-style-type: none"> <li>•<input type="checkbox"/>The Group Home provider and the workshop willmeet on a regular basis.</li> <li>•<input type="checkbox"/>The Group Home Behavior provider will train on behavioralneeds as they arise.</li> </ul> <p><b>4. Thecorrective actions will be monitored to ensure that the deficient practice doesnot recur in the following manner.</b></p> <ul style="list-style-type: none"> <li>•<input type="checkbox"/>RC will monitor on a regular basis as part oftheir job duty responsibilities.</li> <li>•<input type="checkbox"/>The nurse will review on a monthly basis.</li> </ul>		

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	<p>away from the other male peer who is also one of his housemates at the group home [client #8]."</p> <p>A BDDS report, which occurred on 7/21/11, was not reported to BDDS until 7/25/11. It indicated client #4 walked into another work area other than his own. Client #4 hit a male peer (from another group home) and the peer said it hurt his arm. No injury.</p> <p>A BDDS report, which occurred on 11/11/11, was not reported to BDDS until 11/16/11. It indicated client #8 hit staff, throwing things in the work area and trying to bite staff. Client #8 was also acting as if he was going to hit a female peer (from another group home). He was placed in a hold to try to prevent injury to himself and others. No injury to client #8.</p> <p>Interview on 12/29/11 at 11:50 AM with the ARC (Area Residential Coordinator) and the RC (Residential Coordinator) was conducted. The RC indicated after the 11/3/11 incident, the RC talked to the workshop coordinator (WC) about separating client #4 and client #8 and putting them into different rooms. The RC indicated the WC had told her she would have to see who they could switch rooms with. The ARC and the RC indicated they met with the workshop on</p>		<p><b>5. The date by which the systemic changes will be completed is as follows.</b></p> <p>• <input type="checkbox"/> 01/28/2012</p>		

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	<p>11/10/11 to do more training with staff. They indicated they met again on 11/18/11 and told the WC they officially wanted client #4 and client #8 in different rooms at workshop. After the 11/29/11 incident in which client #8 received the black eye, the RC indicated she asked the WC why hadn't client #4 and #8 been separated into different rooms and the WC had told her she hadn't gotten final approval yet. The RC indicated they were moved the next day, on 11/30/11. Regarding the incident on 7/21/11, the ARC indicated the workshop hadn't notified the group home until they sent the BDDS report on 7/25/11. The ARC indicated the 11/11/11 incident should have been reported to BDDS within 24 hours.</p> <p>9-3-1(a) 9-3-1(b)(5)</p>				