

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G290	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/22/2014
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 23 SKYVIEW DR CHESTERFIELD, IN 46017
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: April 15, 16, 17, 18 and 22, 2014.</p> <p>Surveyor: Kathy Wanner, QIDP</p> <p>Facility Number: 000809 Provider Number: 15G290 AIMS Number: 100243730</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/30/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<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.</p> <p>Based on record review and interview, the facility neglected to follow their policy for Suspected Abuse, Neglect and Exploitation by direct care staff #1 failing to immediately report an allegation of verbal abuse and neglect by direct care staff #2 towards 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 of 4 additional clients (#5, #6, #7 and #8).</p> <p>Findings include:</p> <p>Facility records were reviewed on 4/16/14 at 1:28 P.M. including the Bureau of</p>	W000149	<p>W 149 Staff Treatment of Clients The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. 1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff #1 was retrained on the policy for Abuse and Neglect following the investigation of the incident. · Employment was terminated for Staff #2 following the outcome of the investigation. · All staff were retrained on the policy for Abuse and Neglect at the staff meeting following the 	05/22/2014

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>Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <p>BDDS reports dated 11/12/13 for 11/11/13 at 1:30 P.M. for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 of 4 additional clients (#5, #6, #7 and #8), indicated "Direct Care Staff (DCS) #1 reported that another staff [DCS #2] was talking rudely to the clients and feels they are scared. She (DCS #1) also reported that [DCS #2] has been sleeping while at work."</p> <p>The BDDS follow-up report dated 11/27/13 indicated "After an investigation was conducted, both allegations were substantiated. [DCS #2's] employment with Occazio was terminated. All clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) were retrained on the types of staff behavior that are abusive. All clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) were retrained on the complaint policy and procedure and what steps to take if they need to file a complaint. All staff have been retrained on Abuse, Neglect and Exploitation Reporting Policy. The reporting staff (DCS #1) was also retrained on reporting possible abuse when it happens."</p> <p>Facility internal documentation dated 11/13/13, reviewed on 4/16/14 at 1:28 P.M. indicated "1. [DCS #2] and [DCS #1] work the 16 hour shift on Saturday/Sunday. 2. [DCS #1] reported to her supervisor on 11/11/13 that [DCS #2] is loud, rude, yells, and is critical of the clients. 3. [DCS #1] took pictures of [DCS #2] sleeping the weekend of November 2nd and 3rd. 4. [DCS #1] did not report to her supervisor that [DCS #2] was sleeping until November 11th....[DCS #1] was</p>		<p>outcome of the investigation. 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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All current staff will be retrained on the policy for Abuse and Neglect at the staff meeting on May 13, 2014. · Following the outcome of the investigation, all clients were retrained on the types of staff behavior that constitute abuse. · Following the outcome of the investigation, all clients were retrained on the complaint policy and procedure, and what steps to take if they need to file a complaint. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All current staff will be retrained on the policy for Abuse and Neglect at the staff meeting on May 13, 2014. · Following the outcome of the investigation, all clients were retrained on the types of staff behavior that constitute abuse. · Following the outcome of the investigation, all clients were retrained on the complaint policy and procedure, and what steps to take if they need to file a complaint. <p>4. How</p>				

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	<p>coached on Policy 2105 and reporting possible abuse and neglect when it happens."</p> <p>The facility policy for Suspected Abuse, Neglect and Exploitation Reporting 2105 dated 1/11/11 was reviewed on 4/22/14 at 3:00 P.M. and indicated the following: "Occazio, Inc. will not tolerate mistreatment, abuse, neglect or exploitation of any Occazio resident/consumer. Employees who witness any form of abuse, neglect or exploitation or have reason to believe that abuse, neglect or exploitation has occurred, must report the incident(s) to their immediate supervisor and observe the procedures outlined below.... Verbal Abuse-spoken or written words or gestures made by a person to or in the presence of a resident/consumer that may mentally injure or unduly distress the resident/consumer....Neglect-failure to provide the proper care for a resident/consumer in a timely manner, causing the resident/consumer undue physical or emotional stress or injury; unreasonable delays in providing appropriate services, including medication errors, are considered neglect when they cause the resident/consumer undue physical or emotional stress or injury."</p> <p>An interview was conducted with the Program Director (PD) on 4/17/14 at 3:40 P.M. The PD stated, "She (DCS #1) should have reported immediately. Our policy is to report immediately."</p> <p>An interview was conducted with the Area Residential Director (ARD) on 4/22/14 at 3:42 P.M. the ARD stated, "Staff should have reported the allegation of verbal abuse and neglect immediately."</p>		<p>will the corrective action be monitored to ensure the deficient practice will not recur? · The Home Manager will monitor on a daily basis when they are in the home. · The Program Director will monitor as they complete their audits. 5. What is the date by which the systemic changes will be completed? May 22, 2014</p>	

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W000153	<p>9-3-2(a) 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 through established procedures.</p> <p>Based on record review and interview, the facility failed to ensure staff immediately reported an allegation of verbal abuse and neglect by direct care staff #2 towards 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 of 4 additional clients (#5, #6, #7 and #8) to the administrator and other officials in accordance with State law through established procedures.</p> <p>Findings include:</p> <p>Facility records were reviewed on 4/16/14 at 1:28 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <p>BDDS reports dated 11/12/13 for 11/11/13 at 1:30 P.M. for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 of 4 additional clients (#5, #6, #7 and #8), indicated "Direct Care Staff (DCS) #1 reported that another staff [DCS #2] was talking rudely to the clients and feels they are scared. She (DCS #1) also reported that [DCS #2] has been sleeping while at work."</p> <p>The BDDS follow-up report dated 11/27/13 indicated "After an investigation was</p>	W000153	<p>W 153 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 through established procedures. 1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff #1 was retrained on the policy for Abuse and Neglect following the investigation of the incident. · Employment was terminated for Staff #2 following the outcome of the investigation. · All staff were retrained on the policy for Abuse and Neglect at the staff meeting following the outcome of the investigation. <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All current staff will be retrained on the policy for Abuse and Neglect at the staff meeting on May 13, 2014. 	05/22/2014			

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	<p>conducted, both allegations were substantiated. [DCS #2's] employment with Occazio was terminated. All clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) were retrained on the types of staff behavior that are abusive. All clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) were retrained on the complaint policy and procedure and what steps to take if they need to file a complaint. All staff have been retrained on Abuse, Neglect and Exploitation Reporting Policy. The reporting staff (DCS #1) was also retrained on reporting possible abuse when it happens."</p> <p>Facility internal documentation dated 11/13/13, reviewed on 4/16/14 at 1:28 P.M. indicated "1. [DCS #2] and [DCS #1] work the 16 hour shift on Saturday/Sunday. 2. [DCS #1] reported to her supervisor on 11/11/13 that [DCS #2] is loud, rude, yells, and is critical of the clients. 3. [DCS #1] took pictures of [DCS #2] sleeping the weekend of November 2nd and 3rd. 4. [DCS #1] did not report to her supervisor that [DCS #2] was sleeping until November 11th....[DCS #1] was coached on Policy 2105 and reporting possible abuse and neglect when it happens."</p> <p>An interview was conducted with the Program Director (PD) on 4/17/14 at 3:40 P.M. The PD stated, "She (DCS #1) should have reported immediately. Our policy is to report immediately."</p> <p>An interview was conducted with the Area Residential Director (ARD) on 4/22/14 at 3:42 P.M. the ARD stated, "Staff should have reported the allegation of verbal abuse and neglect immediately."</p>		<p>· Following the outcome of the investigation, all clients were retrained on the types of staff behavior that constitute abuse.</p> <p>· Following the outcome of the investigation, all clients were retrained on the complaint policy and procedure, and what steps to take if they need to file a complaint. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · All residents have the potential to be affected by the same deficient practice. · All current staff will be retrained on the policy for Abuse and Neglect at the staff meeting on May 13, 2014. · Following the outcome of the investigation, all clients were retrained on the types of staff behavior that constitute abuse. · Following the outcome of the investigation, all clients were retrained on the complaint policy and procedure, and what steps to take if they need to file a complaint. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · The Home Manager will monitor on a daily basis when they are in the home. · The Program Director will monitor as they complete their audits. 5. What is the date by which the systemic changes will be completed? May 22, 2014</p>				

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W000156	<p>9-3-2(a) 483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview, the facility failed to report the results of an investigation of an allegation of verbal abuse and neglect by direct care staff #2 towards 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 of 4 additional clients (#5, #6, #7 and #8) within five working days of the incident.</p> <p>Findings include:</p> <p>Facility records were reviewed on 4/16/14 at 1:28 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <p>BDDS reports dated 11/12/13 for 11/11/13 at 1:30 P.M. for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 of 4 additional clients (#5, #6, #7 and #8), indicated "Direct Care Staff (DCS) #1 reported that another staff [DCS #2] was talking rudely to the clients and feels they are scared. She (DCS #1) also reported that [DCS #2] has been sleeping while at work."</p> <p>The BDDS follow-up report dated 11/27/13 indicated "After an investigation was conducted, both allegations were substantiated. [DCS #2's] employment with Occazio was terminated. All clients (clients</p>	W000156	<p>W 156 Staff Treatment of Clients The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within 5 working days of the incident. 1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff #1 was retrained on the policy for Abuse and Neglect following the investigation of the incident. · Employment was terminated for Staff #2 following the outcome of the investigation. · All staff were retrained on the policy for Abuse and Neglect at the staff meeting following the outcome of the investigation. <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All current staff will be retrained on the policy for Abuse and Neglect at the staff meeting on May 13, 2014. · Following the outcome of the investigation, all clients were retrained on the types of staff behavior that constitute abuse. 	05/22/2014			

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	<p>#1, #2, #3, #4, #5, #6, #7 and #8) were retrained on the types of staff behavior that are abusive. All clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) were retrained on the complaint policy and procedure and what steps to take if they need to file a complaint. All staff have been retrained on Abuse, Neglect and Exploitation Reporting Policy. The reporting staff (DCS #1) was also retrained on reporting possible abuse when it happens."</p> <p>Facility internal documentation dated 11/13/13, reviewed on 4/16/14 at 1:28 P.M. indicated "1. [DCS #2] and [DCS #1] work the 16 hour shift on Saturday/Sunday. 2. [DCS #1] reported to her supervisor on 11/11/13 that [DCS #2] is loud, rude, yells, and is critical of the clients. 3. [DCS #1] took pictures of [DCS #2] sleeping the weekend of November 2nd and 3rd. 4. [DCS #1] did not report to her supervisor that [DCS #2] was sleeping until November 11th....[DCS #1] was coached on Policy 2105 and reporting possible abuse and neglect when it happens."</p> <p>An interview was conducted with the Program Director (PD) on 4/17/14 at 3:40 P.M. The PD stated, "She (DCS #1) should have reported immediately. Our policy is to report immediately."</p> <p>An interview was conducted with the Area Residential Director (ARD) on 4/22/14 at 3:42 P.M. the ARD stated, "Staff should have reported the allegation of verbal abuse and neglect immediately." The ARD indicated the results of the investigation of the incident had not been reported within five working days.</p> <p>9-3-2(a)</p>		<p>· Following the outcome of the investigation, all clients were retrained on the complaint policy and procedure, and what steps to take if they need to file a complaint. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · All residents have the potential to be affected by the same deficient practice. · All current staff will be retrained on the policy for Abuse and Neglect at the staff meeting on May 13, 2014. · Following the outcome of the investigation, all clients were retrained on the types of staff behavior that constitute abuse. · Following the outcome of the investigation, all clients were retrained on the complaint policy and procedure, and what steps to take if they need to file a complaint. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · The Home Manager will monitor on a daily basis when they are in the home. · The Program Director will monitor as they complete their audits. 5. What is the date by which the systemic changes will be completed? May 22, 2014</p>				

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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview, the facility failed to include specific criteria as part of a plan of reduction for medication used for the management or elimination of behaviors and/or symptoms of diagnoses as indicated in 1 of 4 sampled clients (client #4) who was prescribed medications for management of behaviors.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 4/17/14 at 2:51 P.M. Client #4's Physician's Order (PO) dated for March 2014 indicated he was prescribed Zyprexa (anti-psychotic), Divalproex (generic Depakote) (mood stabilizer), and Geodon (anti-psychotic). Client #4's Behavior Support Plan (BSP) dated 7/31/13 indicated "Geodon, Zyprexa and Depakote are intended to assist [client #4] in the stabilization of his symptoms due to the schizoaffective disorder (physical aggression, agitation, social anxiety (sic), inability to sleep and hallucinations/visions) The above mentioned medication in conjunction with behavioral interventions and active treatment, are to assist [client #4] in developing appropriate coping mechanisms and appropriate behaviors. The IDT (interdisciplinary team) will meet at least once per year to review [client #4's] progress and consider a reduction/alternate medication.</p>	W000312	<p>W 312 Drug Usage Drugs used for control of inappropriate behavior must be used as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>1. What corrective action will be accomplished? · Client #4's BSP will be revised to reflect which diagnosis each medication addresses and the reduction plan. · Staff will be trained on revisions in BSP for client #4.</p> <p>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? · All residents have the potential to be affected by the same deficient practice. · Client #4's BSP will be revised to reflect which diagnosis each medication addresses and the reduction plan. · All clients' BSPs will be revised as needed to reflect which diagnosis each medication addresses and the reduction plan. · Staff will be trained on changes in all clients' BSPs as needed.</p> <p>3. What measures will be put into place</p>	05/22/2014

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W000336	<p>The IDT will review all data collected from monitoring/tracking systems in order to obtain comprehensive assessment." Client #4's BSP did not indicate what medication was prescribed to address which of client #4's behaviors or how the IDT would determine which medication would be targeted for reduction first.</p> <p>The Program Director (PD) was interviewed on 4/17/14 at 3:32 P.M. When asked if client #4's BSP indicated a specific medication for plan of reduction, "It probably doesn't."</p> <p>9-3-5(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview, the facility failed to provide a quarterly nursing assessment for 1 of 4 sampled clients (client #3).</p> <p>Findings include: Client #3's record was reviewed on 4/17/14 at 2:07 P.M.. There was no evidence in client</p>	W000336	<p>or what systemic changes will be made to ensure that the deficient practice does not recur: · Client #4's BSP will be revised to reflect which diagnosis each medication addresses and the reduction plan. · All clients' BSPs will be revised as needed to reflect which diagnosis each medication addresses and the reduction plan. · Staff will be trained on changes in all clients' BSPs as needed. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · The Home Manager will monitor on a daily basis when they are in the home. · The Program Director will monitor as they complete their audits. 5. What is the date by which the systemic changes will be completed? May 22, 2014</p> <p>W 336 Nursing Services Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. 1. What corrective action will be accomplished? · Client #3 will have quarterly</p>	05/22/2014

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 23 SKYVIEW DR CHESTERFIELD, IN 46017		
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	<p>#3's record to indicate the need for a medical care plan. Client #3's record did not include quarterly a nursing assessment between the dates of 9/20/13 and 1/10/14.</p> <p>The Program Director (PD) was interviewed on 4/17/14 at 3:35 P.M. and stated, "We had some issues of getting things done timely this year due to the weather."</p> <p>9-3-6(a)</p>		<p>nursing assessments, or more often if needed. · Home Manager will be retrained on the need to schedule and follow through with nursing assessments at least quarterly. 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? · All individuals have the potential to be affected by the same deficient practice. · All clients will have quarterly nursing assessments, or more often if needed. · Home Manager will be retrained on the need to schedule and follow through with nursing assessments at least quarterly. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · All clients will have quarterly nursing assessments, or more often if needed. · Home Manager will be retrained on the need to schedule and follow through with nursing assessments at least quarterly. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · The Home Manager will monitor on a daily basis when they are in the home. · The Program Director will monitor as they complete their audits. 5. What is the date by which the systemic changes will be completed? May 22, 2014</p>		