

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/02/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
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W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: August 24, 25, 26, 27, 28, 31, September 1 and 2, 2015.</p> <p>Facility number: 000855 Provider number: 15G337 AIM number: 100244120</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report was completed by #09182 on 9/10/2015.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to provide operating direction over the group home to insure all maintenance issues were corrected in a timely manner. This failure potentially affected 4 of 4 sampled clients (clients #1, #2, #3 and #4), and 3 of 3 additional clients (clients #5, #6 and #7), who lived in the facility.</p>	W 0104	<p>W104 Governing Body</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>1. What corrective action will be accomplished?</p> <p>The protocol for addressing maintenance needs for the home will be reviewed with the Program Coordinator and Program Director.</p>	10/02/2015

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>Findings include:</p> <p>During observations at 4:07 P.M. on 8/24/15. The exterior of the front door had rust at the bottom and both the door, and frame around the door, had cracked and worn/peeling paint. In the bathroom with the walk-in-shower, there was a damaged area in the wallboard. The area was five inches by 2 inches and went through the wall. The bathroom with the tub had damaged areas at the corners of the walls by the tub.</p> <p>An interview was conducted with the Area Director (AD) on 8/27/15 at 1:25 P.M. The AD indicated the door and walls should be repaired and would be repaired.</p> <p>9-3-1(a)</p>		<ul style="list-style-type: none"> · The maintenance form will be used for communication with maintenance department regarding maintenance needs of the site. · The front door and door frame have been replaced and painted. · The bathroom wall in the bathroom with the walk-in shower has been repaired. · The bathroom walls with the tub have been repaired. <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 clients have been affected by this deficient practice. · Training with Program Coordinator regarding oversight of environment needs of the house. · Training with Program Coordinator and Program Director Maintenance Protocol and reporting of maintenance concerns as well as follow-up maintenance concerns not addressed. <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"> · Training with Program Coordinator regarding oversight of environment needs of the house. 		

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			<ul style="list-style-type: none"> · Training with Program Coordinator and Program Director Maintenance Protocol and reporting of maintenance concerns as well as follow-up maintenance concerns not addressed. <p>4. How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Program Coordinator will perform daily walk-throughs in house to ensure cleanliness of site and to ensure all maintenance issues have been addressed; and to assess if any new maintenance issues need to be addressed. · Program Director will perform and document and environmental assessment of site. · Area Director will review all documentation regarding environmental assessments of Program Director. · Quarterly Health and Safety Assessments of site will be completed and reviewed by Program Director and Program Coordinator. · Quality Assurance Specialist will review all Quarterly Health and Safety Assessments to ensure all environmental and maintenance issues have been addressed. · Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients. <p>5. What is the date by which the</p>	

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W 0218 Bldg. 00	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must include sensorimotor development. Based on observation and interview, the facility failed to complete a sensorimotor assessment for 1 of 3 additional clients (client #7), who was observed to be unable to touch the floor when seated at the dining room table.</p> <p>Findings include:</p> <p>Observations were conducted at the group home where client #7 lived on 8/24/15 at 4:07 P.M. Client #7 was observed utilizing a roller-walker with seat attachment to ambulate throughout his home. Client #7 wore bi-lateral leg braces on his lower legs. At 4:30 P.M., client #7 was observed sitting at the dining room table drinking a cup of coffee. Client #7 was unable to touch the floor with his feet. His legs/feet hung from the chair seat. Client #7 swung his legs while seated. At 5:13 P.M., client #7 was seated at the dining room table for his evening meal. His legs once again swung in the air while he ate and were not supported in any manner.</p>	W 0218	<p>systemic changes will be completed? October 2nd, 2015</p> <p>W218 Individual Program Plan The comprehensive functional assessment must include sensorimotor development.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #7 was assessed for proper positioning on 9-8-15. · A recommendation was made for Client #7 to now use a stool under his feet while at the table to help keep his hips and knees at a 90 degree angle while eating. <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 clients have been affected by this deficient practice. · Meal observations will be completed monthly by the Program Coordinator to monitor for dining concerns including positioning concerns. · The dietician will monitor meals on a quarterly basis and will make recommendations based on identified needs. 	10/02/2015	

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	<p>An interview was conducted with the Area Director (AD) on 8/27/15 at 1:40 P.M. The AD indicated client #7 did utilize a roller-walker and leg braces. The AD indicated they have client #7 scheduled to be assessed for proper positioning when seated at the table, but he had not yet been assessed and there was no current assessment to review.</p> <p>9-3-4(a)</p>		<ul style="list-style-type: none"> · The Program Director/QMRP will review the functional assessments for all of the clients and update as necessary. Identified concerns will be addressed by the appropriate specialists if necessary. · Training will be completed with QIDP regarding completing functional assessments. <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"> · Meal observations will be completed monthly by the Program Coordinator to monitor for dining concerns including positioning concerns. · The dietician will monitor meals on a quarterly basis and will make recommendations based on identified needs. · The Program Director/QIDP will review the functional assessments for all of the clients and update as necessary. Identified concerns will be addressed by the appropriate specialists if necessary. · Training will be completed with QIDP regarding completing functional assessments. <p>4. How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Program Director/QIDP will 	

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W 0268 Bldg. 00	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed to promote growth and independence for 1 of 3 additional clients (client #7) who was observed to ambulate throughout his home with a roller-walker while his pajama pants hung down and under his feet.</p> <p>Findings include:</p> <p>Observations were conducted at the group home where client #7 lived on 8/24/15 at 4:07 P.M. Client #7 was observed utilizing a roller-walker with seat attachment to ambulate throughout his home. Client #7 wore bi-lateral leg braces on his lower legs. Client #7 was</p>	W 0268	<p>complete monthly supervisory visits and review of documentation for the site. This review includes review of the functional assessments.</p> <ul style="list-style-type: none"> · The Program Coordinator will complete weekly observations to monitor for concerns. · The Program Director/QIDP will complete bi-weekly observations to monitor for concerns. <p>5. What is the date by which the systemic changes will be completed? October 2nd, 2015</p> <p>W268 Conduct Toward Client These policies and procedures must promote the growth, development and independence of the client.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · New pajama pants will be purchased for Client #7. · Client #7's pants will be checked to ensure they are a proper length. <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>	10/02/2015	

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	<p>wearing pajama pants which were too long and hung down past/under his feet as he walked creating a trip hazard. At 4:25 P.M. Direct Care Staff (DCS) #1 asked client #7 if she could assist him with pulling up his pants in a private area. Even when pulled up, the legs of the pajama pants still hung past the bottom of his feet when he walked.</p> <p>An interview was conducted with the Area Director (AD) on 8/27/15 at 1:40 P.M. The AD indicated client #7 did utilize a roller-walker and leg braces. The AD indicated they should be sure to check client #7's pants to make sure they were fitting appropriately to avoid any potential tripping hazards.</p> <p>9-3-5(a)</p>		<ul style="list-style-type: none"> · All clients have been affected by this deficient practice. · The Program Coordinator will check the clothing of all of the residents to ensure they are properly fitting. · As clothing needs to be replaced, the Program Coordinator will ensure that clothing purchased fits properly, including in length. If necessary alterations will be made. · Staff will be retrained on ensuring the clothing properly fits the clients. · The Program Director/QIDP will monitor during their observations. <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"> · The Program Coordinator will check the clothing of all of the residents to ensure they are properly fitting. · As clothing needs to be replaced, the Program Coordinator will ensure that clothing purchased fits properly, including in length. If necessary alterations will be made. · Staff will be retrained on ensuring the clothing properly fits the clients. · The Program Director/QIDP will monitor during their observations. 		

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			<p>4. How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · The Program Coordinator will complete weekly observations to monitor for concerns. · The Program Director/QIDP will complete bi-weekly observations to monitor for concerns. <p>5. What is the date by which the systemic changes will be completed? October 2nd, 2015</p>		