

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/05/2013
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NAME OF PROVIDER OR SUPPLIER OCCAIO INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: January 30, 31, February 1, 4, and 5, 2013.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>Facility Number: 000869 Provider Number: 15G353 AIMS Number: 100244230</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/12/13 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
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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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the group home, the governing body failed to exercise operating direction over the facility to complete maintenance and repairs at the group home.</p> <p>Findings include:</p> <p>On 1/30/13 from 2:30pm until 5:55pm, and on 1/31/13 from 5:45am until 8am, clients #1, #2, #3, #4, #5, #6, #7, and #8 were at the group home and the following was observed with the QMRP-D (Qualified Mental Retardation Professional Designee), Group Home Staff (GHS) #1, and GHS #2:</p> <p>-At 2:30pm, the QMRP-D and GHS #1 indicated the dining room table and nine of nine dining room chairs had the finish worn off and wood exposed.</p> <p>-At 4pm, the QMRP-D indicated the dining room floor had a nine feet by four feet tile area that had gouges and holes in the tile. The QMRP-D indicated the floor needed to be repaired.</p>	W0104	<p>W 104 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> <ul style="list-style-type: none"> · A maintenance request for the repairs has been submitted to the maintenance department by the RC to address the maintenance concerns within the group home. · The identified maintenance needs for the home have been scheduled to be completed. <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. · The maintenance director 	03/07/2013			

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	<p>On 2/1/13 at 10:30am, an interview with the QDP (Qualified Disabilities Professional) was conducted. The QDP indicated the dining room table, dining room chairs, and the dining room floor had not been submitted for repair. The QDP provided a review of the facility's submitted maintenance and repair log requests (undated) and indicated the log did not include the dining room table, the dining room chairs, and/or the dining room floor.</p> <p>9-3-1(a)</p>		<p>will help identify maintenance concerns within the group homes.</p> <ul style="list-style-type: none"> · The Residential Coordinators will continue to report all maintenance concerns using the monthly maintenance form. <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 maintenance director will help identify maintenance concerns within the group homes. · The Residential Coordinators will continue to report all maintenance concerns using the monthly maintenance form. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. 				

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			<p>The Maintenance Director will monitor as he is in the home.</p> <p>5. What is the date by which the systemic changes will be completed?</p> <p>March 7th, 2013</p>		

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W0382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #5) and four additional clients (clients #4, #6, #7, and #8), the facility failed to maintain proper medication security.</p> <p>Findings include:</p> <p>On 1/31/13 at 6:15am, GHS (Group Home Staff) #3 came into the medication room and lay the medication cabinet keys on top of the medication cabinet. At 6:15am, GHS #3 asked client #6 come into the medication room, GHS #3 left the room, and the medication keys were on top of the medication cabinet. At 6:28am, GHS #3 was in the medication room with client #5. GHS #3 unlocked the medication, GHS #3 told client #5 he did not have medications to administer for client #5, client #5 stood in the room beside the unlocked medication cabinet, and GHS #3 left the room. GHS #3 left the medication cabinet keys hanging from the unlocked medication cabinet. At 6:29am, GHS #3 returned to the medication room, asked client #5 to leave, and asked client #4 to enter the medication room. At 6:50am, GHS #3</p>	W0382	<p>W 382 Drug Storage and Recordkeeping</p> <p>The facility must keep all drugs and biological locked except when being prepared for administration.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · A medication practicum will be completed with Staff #3 by 3-7-13. · All staff will review Occazio's medication administration policy and the Core A/B components that discuss the importance of keeping medications secured by 3-7-13. <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. 	03/07/2013			

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	<p>indicated she had left the keys on top of the medication cabinet during the medication administration period. At 6:50am, GHS #3 indicated the medication cabinet was left unlocked when client #5 was alone inside the medication room. GHS #3 indicated client #1, #2, #3, #4, #5, #6, #7, and #8's medications were kept inside the unlocked medication cabinet.</p> <p>On 2/1/13 at 10:30am, the QDP (Qualified Disabilities Professional) indicated the facility followed Core A/Core B policy and procedures for administering medications. The QDP indicated the facility's 8/1/2004 policy and procedure "Medication Administration" indicated medications should have been secured except when administered.</p> <p>On 2/1/13 at 11am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated "Core Lesson 3: Principles of Administering Medication" indicated medications should be kept secured.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> · A medication practicum will be completed with Staff #3 by 3-7-13. · All staff will review Occazio's medication administration policy and the Core A/B components that discuss the importance of keeping medications secured by 3-7-13. · Random medication practicums will be completed with staff to ensure that they are following the proper medication administration passing guidelines. <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"> · A medication practicum will be completed with Staff #3 by 3-7-13. · All staff will review Occazio's medication administration policy and the Core A/B components that discuss the importance of keeping medications secured by 3-7-13. · Random medication practicums will be completed with staff to ensure that they are 				

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			<p>following the proper medication administration passing guidelines.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>March 7th, 2013</p>		

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W0383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation, record review, and interview, the facility failed to secure the medication cabinet keys for 4 of 4 sample clients (#1, #2, #3, and #5) and four additional clients (clients #4, #6, #7, and #8) who resided in the home.</p> <p>Findings include:</p> <p>On 1/30/13 from 2:30pm until 5:55pm, and on 1/31/13 from 5:45am until 8am, clients #1, #2, #3, #4, #5, #6, #7, and #8 were at the group home and the following was observed with the QMRP-D (Qualified Mental Retardation Professional Designee), Group Home Staff (GHS) #1, GHS #2, and GHS #3. During both observation periods clients #1, #2, #3, #4, #5, #6, #7, and #8 walked throughout the the group home and sat down inside the group home office. During both observation periods, the keys for the group home medication cabinet hung at eye level inside the office on a ring on the wall. The keys were labeled "Med. Keys." On 1/31/13 at 7:40am, GHS #1 stated the medication cabinet keys "always" hung on the wall and the medication keys were "not secure" in that location. GHS #1 indicated clients, visitors, and staff had access to the</p>	W0383	<p>W 383 Drug Storage and Recordkeeping</p> <p>Only authorized persons may have access to the keys to the drug storage.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The medication keys have been moved to a secure location. · All staff will review Occazio's medication administration policy and the Core A/B components that discuss the importance of keeping medications secured by 3-7-13. <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. · The medication keys have been moved to a secure location. 	03/07/2013
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	<p>medication keys.</p> <p>An interview was conducted on 2/1/13 at 10:30am, with the QDP (Qualified Disabilities Professional). The QDP indicated the medication keys were kept on a key ring on the wall inside the office. The QDP indicated the medication keys should be kept secured when medications were not administered. The QDP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 had access to the medication keys to the medication cabinet. The QDP indicated the facility followed "Living in the Community" for medication administration.</p> <p>On 2/1/13 at 11am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated in "Core Lesson 3: Principles of Administering Medication" medication cabinet keys should be kept secure.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> · All staff will review Occazio's medication administration policy and the Core A/B components that discuss the importance of keeping medications secured by 3-7-13. · Random medication practicums will be completed with staff to ensure that they are following the proper medication administration passing guidelines. <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 medication keys have been moved to a secure location. · All staff will review Occazio's medication administration policy and the Core A/B components that discuss the importance of keeping medications secured by 3-7-13. · Random medication practicums will be completed with staff to ensure that they are following the proper medication administration passing guidelines. 		

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			<p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>March 7th, 2013</p>		

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 2 of 3 sampled clients (clients #3 and #5) and three additional clients (clients #4, #6, and #8) who had adaptive equipment prescribed, the facility failed to teach and encourage clients #3, #4, #5, #6, and #8 to wear their prescribed eye glasses and to provide client #6 and #8's prescribed eye glasses in good repair.</p> <p>Findings include:</p> <p>During observations at the group home on 1/30/13 from 2:30pm until 5:55pm, and on 1/31/13 from 5:45am until 7:30am, clients #3, #4, #5, #6, and #8 were not wearing their eye glasses. During both time periods the QMRP-D (Qualified Mental Retardation Professional), GHS (Group Home Staff) #1, GHS #2, GHS #4, and GHS #5 did not prompt clients #3, #4, #5, #6, and #8 to wear their prescribed eye glasses. During both observation periods clients #3, #4, #5, #6, and #8 cut food, diced food, read recipes, operated the stove, measured ingredients,</p>	W0436	<p>W 436 Space and Equipment</p> <p>The facility must furnish, maintain in food repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #3, #4, #5, #6, and #8 will be put on programming to encourage them to wear their eye glasses. · Client #3, #4, #6, and #8's ISP will be updated to reflect the need to wear their eye glasses. · Client #6 and #8's eye glasses will be replaced. · Staff will be retrained during their team meeting on the importance of ensuring adaptive 	03/07/2013
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	<p>watched television, read the newspaper, completed medication administration, shaved, and played video games. At 7:25am, a pair of eye glasses was in the kitchen on the shelf. At 7:25am, client #4 put on his prescribed eye glasses. At 7:30am, GHS #5 indicated the eye glasses belonged to client #3 and GHS #5 prompted client #3 to put the eye glasses on. At 7:30am, client #8 indicated he had broken his prescribed eye glasses and removed a pair of department store glasses from his pocket. Client #8 indicated the store glasses were purchased after he had broken his prescribed eye glasses and he did not like the glasses. At 7:30am, clients #5 and #6 indicated they both wore prescribed eye glasses. At 7:30am, client #5 indicated he was to wear his eye glasses when awake. At 7:30am, client #6 indicated he could not locate his prescribed eye glasses.</p> <p>Client #3's record was reviewed on 1/31/13 at 1:12pm. Client #3's vision assessment was not available for review. Client #3's 1/4/12 "Health Care Report" indicated client #3 had worn prescribed eye glasses since 9/28/2009. Client #3's 3/29/12 ISP (Individual Support Plan) did not indicate a goal/objective to wear his glasses.</p> <p>Client #4's record was reviewed on 2/1/13</p>		<p>equipment is available, in good repair and to encourage the residents to utilize the equipment by 3-7-13</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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Staff will be retrained during their team meeting on the importance of ensuring adaptive equipment is available, in good repair and to encourage the residents to utilize the equipment by 3-7-13. · The residents IPOP assessments will be reviewed and updated as their needs change. · Programming will be implemented based on the residents assessments and as their needs change. <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>				

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	<p>at 11:15am. Client #4's 4/3/12 IPOP (Individual Plan of Protection) indicated client #4 "has prescribed eye glasses. He generally does not wear them, unless prompted to do so. When prompted to do so, he will wear them for a short period of time, then takes them off."</p> <p>Client #5's record was reviewed on 1/31/13 at 11am. Client #5's 7/9/12 ISP indicated he wore prescribed eye glasses. Client #5's vision assessment was not available for review. Client #5's ISP indicated a goal/objective to wear his prescribed eye glasses.</p> <p>Client #6's record was reviewed on 2/1/13 at 11am. Client #6's 5/19/10 visual examination indicated he wore prescribed eye glasses. Client #6's 3/15/12 IPOP (Individual Plan of Protection) Assessment indicated he wore prescribed eye glasses and "He generally does not wear them, unless prompted to do so."</p> <p>Client #8's record was reviewed on 2/1/13 at 11:10am. Client #8's 3/2012 ISP indicated he wore prescribed eye glasses. Client #8's 4/12/12 visual examination indicated "20/40" vision. Client #8's 3/15/12 IPOP indicated client #8 "is to wear his glasses for reading. He requires verbal prompting to ensure that he cares for his glasses and cleans them on a</p>		<ul style="list-style-type: none"> · Staff will be retrained during their team meeting on the importance of ensuring adaptive equipment is available, in good repair and to encourage the residents to utilize the equipment by 3-7-13 · The residents IPOP assessments will be reviewed and updated as their needs change. · Programming will be implemented based on the residents assessments and as their needs change. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>March 7th, 2013</p>		

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NAME OF PROVIDER OR SUPPLIER OCCAZIO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012		
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	<p>regular basis."</p> <p>On 2/1/13 at 10:30am, an interview was conducted with the QDP (Qualified Disabilities Professional). The QDP indicated clients #3, #4, #5, #6, and #8 had prescribed eye glasses. The QDP indicated clients #3, #4, #5, #6, and #8 should have been taught and encouraged to wear their prescribed eyeglasses. The QDP indicated client #6 and #8's prescribed eye glasses would be replaced.</p> <p>9-3-7(a)</p>				

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation, record review, and interview, for 1 of 4 sample clients (client #3) and for 1 additional client (client #4), the facility staff failed to teach and encourage clients to use sanitary methods when setting the table.</p> <p>Finding include:</p> <p>On 1/30/13 at 5pm, clients #3 and #4 were prompted to set the table by GHS (Group Home Staff) #2 and GHS #3. At 5pm, clients #3 and #4 walked to the kitchen from the back of the dining room, client #3 carried spoons, forks, and knives to the table with his hands over the food contact ends of the silverware. From 5pm until 5:45pm, clients #3 and #4 set a fork, a spoon, and a knife at each of the nine place settings on the table by the food contact ends without redirection. At 5:45pm, clients #1, #2, #3, #4, #5, #6, #7, and #8 were observed to eat their meal with the silverware provided.</p> <p>On 1/31/13 at 5:45am, client #3 was prompted to set the table by GHS #5. At 5:45am, client #3 carried spoons, forks, and knives to the table with his hands against his shirt. At 5:45am, client #3 set</p>	W0455	<p>W 455 Infection Control</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Clients #3 and #4 will be placed on programming on how to properly set the table while maintaining proper hygiene. · Client #3's program for hand washing will be revised. · Staff will be retrained during their team meeting on the importance of ensuring the residents use proper hygiene while setting the table by 3-7-13. <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 	03/07/2013			

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	<p>a fork, a spoon, and a knife at each of the eight place settings on the table by the food contact end of each piece of silverware without redirection. At 6am, client #3 carried a stack of plates and a stack of glasses against his shirt to the table. At 6:12am, client #3 continued to set the table by handling each plate with his fingers inside the plates and each glass without redirection. From 5:45am until 6:12am, client #3 did not wash his hands. From 6:15am until 7:15am, clients #1, #2, #3, #4, #5, #6, #7, and #8 consumed their meal with the utensils provided on the table.</p> <p>Client #3's record was reviewed on 1/31/13 at 1:12pm. Client #3's 3/29/12 ISP (Individual Support Plan) indicate a goal/objective to wash his hands before setting the table.</p> <p>On 2/1/13 at 10:30am, an interview was conducted with the QDP (Qualified Disabilities Professional). The QDP indicated client #3 should have been redirected to not have carried the plates and glasses against his shirt. The QDP indicated client #3 should not have handled the glasses by the tops, and should not have handled the forks, knives, and spoons by their food contact ends.</p> <p>9-3-7(a)</p>		<p>same deficient practice.</p> <ul style="list-style-type: none"> · Staff will be retrained during their team meeting on the importance of ensuring the residents use proper hygiene while setting the table by 3-7-13. · The residents IPOP assessments will be reviewed and updated as their needs change. · Programming will be implemented based on the residents assessments and as their needs change. <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"> · Staff will be retrained during their team meeting on the importance of ensuring the residents use proper hygiene while setting the table by 3-7-13 · The residents IPOP assessments will be reviewed and updated as their needs change. · Programming will be implemented based on the residents assessments and as their needs change. 		

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			<p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>March 7th , 2013</p>		