

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G322	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  09/07/2012
NAME OF PROVIDER OR SUPPLIER  OCCAZIO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 568 YORKTOWN RD GREENWOOD, IN 46142		
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 4, 5, 6, and 7, 2012.</p> <p>Facility Number: 000840 AIMS Number: 100244010 Provider Number: 15G322</p> <p>Surveyor: Brenda Nunan, RN, CDDN, PHNS III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/12/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			

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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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review, the facility failed to implement training objectives when formal and informal training opportunities existed for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>During observations on 09/05/2012 at 6:30 a.m., Direct Support Professional (DSP) #2 retrieved client #1's medications from the medication cart and administered them to the client. Client #1 did not participate in locating and removing the medications from the cart.</p> <p>Client #1's record was reviewed on 09/05/2012 at 10:35 a.m. The Individual Support Plan (ISP), dated 04/12/2012, indicated client #1 had a goal to identify the drawer in the medication cart where her medication was stored and remove the medication from the cart daily.</p> <p>During an interview on 09/06/2012 at</p>	W0249	<p><b>W249 Program Implementation</b></p> <p>The facility failed to implement training objectives when formal and informal training opportunities existed for 1 of 4 sampled clients (Client 1).</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Formal Counseling with DSP 2 regarding importance of formal and informal training during medication administration.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by this practice.</li> </ul>	10/07/2012			

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	9:30 a.m., Program Coordinator (PC) #1 indicated the training objective should have been implemented during medication administration.  9-3-4(a)		<p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Training with all staff regarding formal/informal training during medication administration.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Direct Support Assistant will perform one random med practicum monthly.</li> <li>· Residential Coordinator and Area Residential Coordinator will review documentation of med practicums monthly.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b></p>		

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W0322	<p><b>483.460(a)(3) PHYSICIAN SERVICES</b> The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed to ensure a routine PAP smear (screening test to detect potentially pre-cancerous processes in the endocervical canal) had been completed for 1 of 4 sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 09/05/2012 at 12:05 p.m. The record did not indicate a date for routine PAP screening and did not indicate documentation from the guardian in regard to discussion of PAP screenings.</p> <p>The American Cancer Society web site (<a href="http://www.cancer.org">www.cancer.org</a>) was reviewed on 09/06/2012 at 7:00 p.m. The recommendations for cervical cancer screening indicated Pap tests every 3 years for women 21-29 years of age and every 5 years for women 30-65 years of age.</p> <p>During an interview on 09/06/2012 at 9:30 a.m., Program Coordinator (PC) #1 indicated client #2 had not a Pap smear. She stated, "I don't think her mother wants her to have them." PC #1 indicated the Interdisciplinary team (IDT)</p>	W0322	<p><b>W322 Physician Services</b></p> <p>The facility failed to ensure a routine PAP smear had been completed for 1 of 4 sampled clients (Client 2).</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>PAP smear for Client 2 scheduled for 9.27.12.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>All client medical files will be reviewed to ensure that PAP Smears have been done on all clients in accordance with medical recommendations.</li> </ul> <p><b>1.What measures will be put into place or what systemic changes will be made to</b></p>	10/07/2012			

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	had not discussed options for screening for cervical cancer with client #2's physician.  9-3-6(a)		<p><b>ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Provide Residential Coordinator and Direct Support Assistant with tracking form for appointments to ensure timeliness.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Quarterly review of medical charts by nurse to monitor appointments.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b></p> <p>October 7, 2012</p>		

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W0323	<p><b>483.460(a)(3)(i) PHYSICIAN SERVICES</b> The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview, the facility failed to ensure annual vision screening was completed for 1 of 4 sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 09/05/2012 at 12:05 p.m. The record did not include documentation to indicate a vision screening had been completed during the past year.</p> <p>During an interview on 09/05/2012 at 9:30 a.m., Program Coordinator (PC) #1 indicated a vision screening had not been completed during the past year.</p> <p>9-3-6(a)</p>	W0323	<p><b>W323 Physician Services</b> The facility failed to ensure annual vision screening was completed for 1 of 4 sampled clients (Client 2).</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>Client 2 vision examination on 9.11.12.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>Review of all clients' medical files to ensure eye examinations are up to date.</li> </ul> <p><b>1.What measures will be put into place or what systemic changes will be made to</b></p>	10/07/2012			

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			<p><b>ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>Provide Residential Coordinator and Direct Support Assistant with tracking form for appointments to ensure timeliness.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>Quarterly review of medical charts by nurse to monitor appointments.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b></p> <p>October 7, 2012</p>		

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W0352	<p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview, the facility failed to ensure an annual dental exam was completed for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 09/05/2012 at 10:30 a.m. The documentation indicated a dental exam was completed 07/12/2011. There was no documentation to indicate a dental cleaning had been completed during the past year.</p> <p>During an interview on 09/06/2012 at 9:30 a.m., Program Coordinator (PC) #1 indicated a dental exam had not been completed during the past year.</p> <p>9-3-6(a)</p>	W0352	<p><b>W352 Comprehensive Dental Diagnostic Service</b></p> <p>The facility failed to ensure an annual dental exam was completed for 1 of 4 sampled clients (Client 1).</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>Client 1 dental scheduled for 10.2.12.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>Review of all clients' medical files to ensure dental examinations are up to date.</li> </ul> <p><b>1.What measures will be put into place or what systemic</b></p>	10/07/2012			

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			<p><b>changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Provide Residential Coordinator and Direct Support Assistant with tracking form for appointments to ensure timeliness.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Quarterly review of medical charts by nurse to monitor appointments.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b></p> <p>October 7, 2012</p>		

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W0382	<p><b>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING</b> The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview, the facility failed to ensure the office door was closed and the medication cart locked when unattended by staff while 1 of 4 sampled clients (client #3) and 1 additional client (client #6) were present in the hallway outside the office.</p> <p>Findings include:</p> <p>During medication administration observation on 09/05/2012 at 6:30 p.m., Direct Support Professional (DSP) #2 left the office door open and the medication cart unlocked and unattended for 1 minute between passing medications to clients. Clients #3 and #6 were present in the hallway outside the office when the cart was left unlocked and unattended by staff.</p> <p>During an interview on 09/05/2012 at 7:40 a.m., DSP #2 stated, "I left the cart unlocked because you (surveyor) were in there (the office)." She indicated the medication cart should be locked when not attended by staff.</p> <p>During an interview on 09/06/2012 at 9:30 a.m., Program Coordinator (PC) #1 indicated the medication cart should have</p>	W0382	<p><b>W382 Drug Storage and Recordkeeping</b></p> <p>The facility failed to ensure the office door was closed and the medication cart locked when unattended by staff while 1 or 4 sampled clients (Client 3) and 1 additional client (Client 6) were present in the hallway outside the office.</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>Formal Counseling with DSP 2 regarding procedures during medication administration.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>All residents have the potential to be affected by this practice.</li> </ul>	10/07/2012			

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	been locked when unattended by staff.  9-3-6(a)		<p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Training with all staff regarding procedures during medication administration.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Direct Support Assistant will perform one random med practicum monthly.</li> <li>· Residential Coordinator and Area Residential Coordinator will review documentation of med practicums monthly.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b></p> <p>October 7, 2012</p>		

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W0436	<p><b>483.470(g)(2) SPACE AND EQUIPMENT</b></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, the facility failed to ensure training was completed on the use of adaptive equipment for 1 of 4 sampled clients (client #2).</p> <p>Findings include:</p> <p>During observations in the group home on 09/04/2012 between 4:00 p.m. and 6:15 p.m., client #2 was not wearing leg braces. At 5:30 p.m., client #2 stood at the kitchen counter to puree (blended to soft, smooth texture) her food.</p> <p>During observations in the group home on 09/05/2012 between 5:30 a.m., and 8:00 a.m., client #2 was not wearing leg braces.</p> <p>Client #2's record was reviewed on 09/05/2012 at 12:05 p.m. A physician's recapitulation order, dated, 07/02/2012-10/02/2012, indicated, "...Put leg braces on in the AM and off in the PM...."</p>	W0436	<p><b>W436 Space and Equipment</b></p> <p>The facility failed to ensure training was completed on the use of adaptive equipment for 1 of 4 sampled clients (Client 2).</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Consult with Client 2's PCP on October 2 regarding further recommendations on use of leg braces.</li> <li>· Follow recommendations from PCP regarding use of leg braces.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the</li> </ul>	10/07/2012			

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	<p>During an interview on 09/06/2012 at 9:30 a.m., Program Coordinator (PC) #1 indicated client #2 refused to wear her leg braces. She indicated there were no training objectives to encourage client #2 to wear the braces.</p> <p>9-3-7(a)</p>		<p>potential to be affected by this practice.</p> <p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Training with Residential Coordinator regarding use and training of Client-specific adaptive equipment.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Monthly, nurse will monitor recommendations from physicians and any change of status for client that may require revisions to current plan.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b></p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
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 and interview, the facility failed to ensure medications were handled in a sanitary manner for 17 of 25 medications observed for oral administration to 1 of 4 sampled clients (client #1) and 1 additional client (client #5).</p> <p>Findings include:</p> <p>1. During medication administration observations on 09/05/2012 at 6:30 a.m., 6 doses of client #1's oral medications were punched directly into Direct Support Professional (DSP) #2's bare hand, then placed in a small plastic cup that was handed to client #1 for administration.</p> <p>2. During medication administration observations on 09/05/2012 at 6:40 a.m., 11 doses of client #5's oral medications were punched directly into DSP #2's bare hand, then transferred to a container of applesauce for administration to client #5.</p> <p>During an interview on 09/06/2012 at 9:30 a.m., the Area Residential Coordinator indicated the oral medications should not have been punched from the medication card into</p>	W0455	<p><b>W455 Infection Control</b></p> <p>The facility failed to ensure medications were handled in a sanitary manner for 17 of 25 medications observed for oral administration to 1 of 4 sampled clients (Client 1) and 1 additional client (Client 5).</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>Formal Counseling with DSP 2 regarding procedures during medication administration and regarding infection control procedures.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>All residents have the potential to be affected by this practice.</li> </ul>	10/07/2012			

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	DSP #2's hand.  9-3-7(a)		<p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Training with all staff regarding medication administration procedures and infection control procedures.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Direct Support Assistant will perform one random med practicum monthly.</li> <li>· Residential Coordinator and Area Residential Coordinator will review documentation of med practicums monthly.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b></p> <p>October 7, 2012</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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