

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G316	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2014
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 373 S BALDWIN ST BARGERSVILLE, IN 46106
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: August 26, 27, 28 and 29, 2014</p> <p>Facility Number: 000834 Provider Number: 15G316 AIM Number: 100243980</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed September 11, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<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 and interview for 1 additional client, (client #6), the governing body failed to ensure the home provided clean pillowcases.</p> <p>Findings include:</p> <p>During the observation on 8/26/14 from</p>	W000104	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Pillow Cases will be cleaned at least weekly when Client 6 does his laundry. · Formal Programming will be done with Client 6 in regard to washing his pillow cases when they are dirty. 	10/08/2014

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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W000249	<p>2:45 PM to 6:45 PM, client #6 returned to the home from his day program at 3:30 PM. Client #6 went to his room and got two small pillows and carried them around the house. The cases on the pillow were soiled and one had a tear in the seam. At 3:45 PM client #6 was carrying the pillows and went to the kitchen pantry, got a snack, and went back to his room to eat the snack. Client #6 came to the dining table at 4:50 PM carrying the two soiled pillows. Client #6 held the pillows on his lap while the food was being passed. At 4:55 PM client #6 put the pillows in his chair and sat on them for a short time and then laid them on the floor during the rest of the meal. Client #6 took his dishes to the kitchen carrying the two soiled pillows under his arm.</p> <p>Interview with staff #3, HM (Home Manager) on 8/27/14 at 8:30 AM indicated client #6 carried the pillows only while he was in the home. Staff #3, HM, indicated the client used them like a "security blanket." Staff #3, HM, indicated the pillowcases should be washed while he was at day program.</p> <p>9-3-1(a) 483.440(d)(1)</p>		<p>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?</p> <ul style="list-style-type: none"> Program Director will check cleanliness of home and client personal items during home visits. <p>1.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"> Program Director will check cleanliness of home and client personal items during home visits. Direct Support Staff will be trained regarding ensuring cleanliness of client personal property <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> Program Director will communicate concerns via electronic means regarding cleanliness of home and client personal items. 				

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	<p>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, record review and interview for 1 of 4 sample clients (client #3), the facility failed to ensure the medication goal was conducted.</p> <p>Findings include:</p> <p>During the morning medication pass on 8/27/14 at 6:15 am, client #3 received his medication at 6:35 AM. Client received his medication without any discussion of medication.</p> <p>Client #3's record was reviewed on 8/27/14 at 11:22 AM. The ISP (Individual Support Plan) dated 2/14/14 indicated client #3 had the following goal: "When asked, [client #3] will independently identify the correct OTC (over the counter) medication used for a common ailment."</p> <p>Interview with staff #4 on 8/27/14 at 7:30 AM indicated the medication goals were done at other times during the day.</p> <p>9-3-4(a)</p>	W000249	<p>1.W 249 Program Implementation The facility failed to ensure the medication goal was conducted for Client 3.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff instructed to run formal goals at every med pass. · Direct support staff will be trained regarding running formal goals at every med pass. <p>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?</p> <ul style="list-style-type: none"> · Home Manager will ensure that goals are run for all clients at med pass. <p>1.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"> · Home Manager will conduct a random med practicum/observation with staff weekly to ensure that goals are being run. · Home 	10/08/2014			

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			<p>Manager will scan med observation documentation to Program Director and Area Director following observation.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Director and Area Director will review med observation documentation weekly. <p>2.Addendum to W249 W 249 Program Implementation The facility failed to ensure the medication goal was conducted for Client 3.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff instructed to run formal goals at every med pass. · Direct support staff will be trained regarding running formal goals at every med pass. <p>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?</p> <ul style="list-style-type: none"> · Home Manager will ensure that goals are run for all clients at med pass. <p>1.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>· Home Manager will conduct a random med practicum/observation with staff weekly to ensure that goals are being run. · Home Manager will scan med observation documentation to Program Director following observation. 2nd Addendum W 249 Program Implementation The facility failed to ensure the medication goal was conducted for Client 3.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff instructed to run formal goals at every med pass. · Direct support staff will be trained regarding running formal goals at every med pass. · Direct Support Staff will document formal goals during med pass once daily. · Program Director will check for program documentation daily. <p>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?</p> <ul style="list-style-type: none"> · Home Manager will ensure that goals are run for all clients at med pass. <p>1.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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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients, (clients #1, #3 and #4) and 1 additional client, (client #6), the facility failed to ensure the dining plan was followed for client #4, clients #1 and #3 were prompted to slow down and client #6 was offered a substitute for refusing what was served.</p> <p>Findings include:</p> <p>During the observation period on 8/26/14 from 2:45 PM to 6:45 PM, dinner was served at 4:45 PM. The meal consisted</p>	W000460	<ul style="list-style-type: none"> · Home Manager will conduct a med practicum/observation with staff daily to ensure that goals are being run. · Home Manager will scan med observation documentation to Program Director and Area Director daily following observation. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Director and Area Director will review med observation documentation daily. <p>1.W 460 Food and Nutrition The facility failed to ensure the dining plan was followed for Client 4, that clients 1 and 3 were prompted to slow down and that Client 6 was offered a substitute for refusing what was served.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client 4's Dining Plan and Med Administration Record will be updated to reflect current dietary recommendations of not receiving a dietary supplement due to stabilization of weight. · Formal Programming for Client 1 and 3 	10/08/2014

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	<p>of roast, potatoes and carrots, green beans and applesauce or pineapple, slice of bread, milk and unsweetened drink. Client #4 refused the green beans and fruit, put the roast, potatoes and carrots on his plate and ate the slice of bread. He did not eat any of the roast, potatoes and carrots or fruit. Client #4 indicated he wasn't very hungry. Client #4 was not offered a supplement. Clients #1 and #3 did receive a chopped diet. Client #3 also had small youth utensils to eat with. Client #6 refused to take any green beans, he did dip out the roast, potatoes and carrots and 1/4 cup of applesauce. Client #6 ate the applesauce but refused to eat anything else. Client #6 was not offered any substitute.</p> <p>Client #1's record was reviewed on 8/27/14 at 12:36 PM. The dietary assessment dated 8/6/14 indicated client #1 was on a regular chopped diet with single servings. The plan indicated "staff must prompt to slow pace of eating and to eat small bites. Chopped foods 1/4" - 1/2" - no bigger."</p> <p>The dietary assessment for client #3 was reviewed on 8/27/14 at 11:22 AM and was dated 8/6/14 and indicated he was to be on 1800 calorie diet, NAS (no added salt), chopped and when at home he uses youth utensils. Clients #1 and #3 were</p>		<p>regarding slow pace of eating.</p> <ul style="list-style-type: none"> · Formal Programming for Client 6 on appropriate substitutions for meals. <ol style="list-style-type: none"> 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? <ul style="list-style-type: none"> · Program Director will review all dining plans and dietary recommendations to ensure proper programming is in place and that all updates have been made. 1. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: <ul style="list-style-type: none"> · Training with Direct Support Staff regarding new programs and dining plans for clients. · Home Manager will do one random meal observation weekly. · Home Manager will scan meal observation documentation to Program Director and Area Director upon completion of observation. 1. How will the corrective action be monitored to ensure the deficient practice will not recur? <ul style="list-style-type: none"> · Program Director and Area Director will review meal observations weekly. <p>Addendum to 460W 460 Food</p> 				

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	<p>not prompted by staff to eat slowly or to take small bites.</p> <p>Review of client #4's dietary assessment dated 8/2014 was conducted on 8/27/14 at 10:09 AM and indicated he was on a regular diet with CIB (Carnation Instant Breakfast) supplements if 50% or less of meal is consumed.</p> <p>Interview with staff #3, HM (home manager), on 8/27/14 at 6:00 PM indicated client #6 had a snack when he got home from day program and probably wasn't hungry. Said it was not unusual for clients #4 and #6 to refuse to eat. Staff #3 indicated she thought the supplement for client #4 had been discontinued. Staff #3, indicated client #1 and #3 should have been prompted to take small bites and to eat slowly.</p> <p>9-3-8(a)</p>		<p>and Nutrition The facility failed to ensure the dining plan was followed for Client 4, that clients 1 and 3 were prompted to slow down and that Client 6 was offered a substitute for refusing what was served.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client 4's Dining Plan and Med Administration Record will be updated to reflect current dietary recommendations of not receiving a dietary supplement due to stabilization of weight. · Formal Programming for Client 1 and 3 regarding slow pace of eating. · Formal Programming for Client 6 on appropriate substitutions for meals. <p>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?</p> <ul style="list-style-type: none"> · Program Director will review all dining plans and dietary recommendations to ensure proper programming is in place and that all updates have been made. <p>1.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 Direct Support Staff regarding new programs and dining plans for clients. · Home Manager will do one random meal observation weekly. · Home Manager will scan meal 				

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			<p>observation documentation to Program Director and Area Director upon completion of observation.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <p>Program Director and Area Director will review meal observations weekly2nd Addendum</p> <p>W 460 Food and Nutrition</p> <p>The facility failed to ensure the dining plan was followed for Client 4, that clients 1 and 3 were prompted to slow down and that Client 6 was offered a substitute for refusing what was served.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client 4's Dining Plan and Med Administration Record will be updated to reflect current dietary recommendations of not receiving a dietary supplement due to stabilization of weight. · Formal Programming for Client 1 and 3 regarding slow pace of eating. · Formal Programming for Client 6 on appropriate substitutions for meals. · Direct Support Professional will document formal programming daily for Client 1, 3 and 6. · Program Director will monitor formal programming documentation daily. 	

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W009999	State Findings	W009999	<p>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?</p> <ul style="list-style-type: none"> Program Director will review all dining plans and dietary recommendations to ensure proper programming is in place and that all updates have been made. <p>1.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 Direct Support Staff regarding new programs and dining plans for clients. Home Manager will do one meal observation daily. Home Manager will scan meal observation documentation to Program Director and Area Director upon daily completion of observation. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> Program Director and Area Director will review meal observations daily. <p>1.What corrective action will be accomplished?</p>	10/08/2014	

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	<p>The following community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-1(b)(6) Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>(6) Incidents of serious injury to a resident which require the attention of a physician beyond the initial medical evaluation or treatment and release.</p> <p>The state rule was not met as evidenced by:</p> <p>Based on record review and interview for 2 of 21 BDDS (Bureau of Developmental Disabilities Services) incident reports reviewed for clients #1, #3, #5 and #7 the facility failed to report within 24 hours an allegation of possible neglect where staff was sleeping while on duty and client #1's fall which resulted in being taken to the ER (Emergency Room).</p> <p>Findings include:</p> <p>1. The BDDS incident reports were reviewed on 8/26/14 at 12:15 PM. The BDDS reports included an incident on</p>		<ul style="list-style-type: none"> · Training with Program Director regarding reporting guidelines. <p>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?</p> <ul style="list-style-type: none"> · Review of BQIS reports to ensure that reports are done in a timely manner. <p>1.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"> · Area Director will track reportable incidents and follow-up to ensure that incidents are reported in a timely manner. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Area Director will review incidents monthly to ensure incidents have been reported in a timely manner 				

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	<p>5/18/14 that was not submitted until 5/20/14 for clients #1, #3, #5 and #7. The BDDS reports for all four were as follows: "HM (Home Manager) [name of manager] received a call about 11:47 AM from a staff on shift w/allegation (with allegation) a 2nd staff person was asleep. HM called PD (Program Director) [name of director] to report allegation, PD called AD (Administrative Director) [name of administrative director] to report and get direction. Per protocol suspected staff are to be suspended pending outcome of investigation. Staff suspected of allegation called by HM, sent home and suspended until outcome of internal investigation completed."</p> <p>Interview with administrative staff #1 on 8/27/14 at 2:00 PM indicated it was a mistake that the report wasn't submitted because they didn't feel it was neglect when it first occurred because there was another staff in the home.</p> <p>2. The BDDS incident report for client #1 with date of incident of 7/7/14 was not reported until 7/11/14. The report was as follows: "Staff heard a noise in [client #1's] bedroom and went in to find that he had fallen when getting out of bed. He had a small cut on the side of his head, and he had hit his arm as well. Staff contacted Area Director and was</p>			

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	<p>instructed to take [client #1] to the ER for evaluation. Home Manager transported him to ER (Emergency Room) where he was checked."</p> <p>Interview with administrative staff #1 on 8/27/14 at 2:00 PM indicated it was a mistake the incident wasn't reported timely. Administrative staff #1 indicated they were aware the reports needed to be filed the next day.</p> <p>9-3-1(b)(6)</p>				