

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G567	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/15/2014
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11 GLORIA DR TRAFALGAR, IN 46181
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: September 8, 10, 11, 12 and 15, 2014.</p> <p>Facility Number: 001081 Provider Number: 15G567 AIMS Number: 100239920</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 22, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation, record review and</p>	W000137	1.What corrective action will be	10/15/2014

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>interview for 1 of 4 sampled clients (client #2), the facility failed to ensure the client had access to his eyeglasses.</p> <p>Findings include:</p> <p>During the observation period on 9/11/14 from 5:30 AM to 8:00 AM, client #2 was walking around the home at 5:30 AM and received his morning medications at 6:20 AM. Staff #2, gave client #2 his medications and then unlocked the file cabinet drawer and got a pair of eyeglasses. Staff #2 cleaned the eyeglasses and placed them on client #2's face.</p> <p>The record review for client #2 was conducted on 9/11/14 at 12:24 PM. The vision exam conducted on 4/24/13 indicated client #2 had eyeglasses to wear full time. The ISP (Individual Support Plan) dated 1/24/14 indicated client #2 was blind in his left eye and his prescription eyeglasses must be worn during waking hours.</p> <p>Interview with Staff #1, HM (Home Manager), on 9/11/14 at 6:25 AM indicated the eyeglasses were kept locked in the medication room to keep them safe. Staff #1, HM, indicated the guardian wanted them to keep more than one pair on hand to ensure he always had</p>		<p><b>accomplished?</b></p> <ul style="list-style-type: none"> <li>Client's 2 eyeglasses will be kept in his eyeglass case in a location that he has access to.</li> <li>Formal programming will be done with Client 2 to teach him to access glasses in a safe manner.</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> <p>Program Director will review adaptive equipment for residents to ensure that all is in good working order and accessible to clients.</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>Staff training regarding adaptive equipment and accessibility to it.</li> <li>Staff training regarding consumer rights.</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>Program Director will monitor accessibility to adaptive equipment during monthly in-home visits.</li> </ul>				

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W000159	<p>eyeglasses to wear.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 1 of 4 sampled clients (client #3 ), the QIDP (Qualified Intellectual Disabilities Professional) failed to provide a training goal for the wearing of his eyeglasses.</p> <p>Findings include:</p> <p>During the observation period on 9/10/14 from 4:00 PM to 7:15 PM, client #3 did not have eyeglasses. During the observation period on 9/11/14 from 5:30 AM to 8:00 AM client #3 did not have eyeglasses and did not have eyeglasses on when he left for the day program at 7:45 AM.</p> <p>Record review for client #3 was conducted on 9/11/14 at 1:01 PM. The vision exam was dated 5/2/14 and indicated a prescription for glasses had been written. The ISP (Individual Support Plan) dated 2/28/14 indicated</p>	W000159	<p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>Formal Programming for Client 3 in regard to wearing eyeglasses.</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> <p>Program Director will review programming for all clients to ensure that adaptive equipment needs are being addressed formally.</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>Staff training regarding communication of client's refusal to access adaptive equipment.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p>	10/15/2014

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W000249	<p>client #3 refused to wear his eyeglasses and had broken several pairs. The ISP did not indicate a training goal to wear or care for the eyeglasses had been implemented.</p> <p>Interview with Administrative staff #2 on 9/11/14 at 11:45 AM indicated client #3 refused to wear glasses and she was in the process of putting something in place to try to get him to wear his glasses.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 3 of 4 sampled clients (clients #1, #2 and #3), the facility failed to insure the communication goals and/or communication devices were implemented per the ISP (Individual Support Plan).</p> <p>Findings include:</p> <p>1. During the observation period on</p>	W000249	<p>Program Director will monitor accessibility to adaptive equipment during monthly in-home visits.</p> <p><b>1.What corrective action will be accomplished?</b> 1. Formal Programming for Clients 1, 2 and 3 in regard to communication per most recent Communication Evaluation.</p> <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>	10/15/2014

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	<p>9/10/14 from 4:00 PM to 7:15 PM, client #1 stayed in his room until staff called him to dinner at 5:35 PM. All clients living in home were at the table and client #1 walked to the table and started swinging his hands and arms and went back to his room with staff. Client #1 could be heard yelling and screaming from his room. At 5:45 PM client #1 returned to the dining room. Client #1 was waving his hands and vocalizing loudly refusing to sit at the table.. Staff #2 was able to get client #1 to sit down to eat some jello. Staff did not use sign or a communication device.</p> <p>The record review for client #1 was conducted on 9/11/14 at 11:49 PM. The ISP (Individual Support Plan) was dated 10/30/13 and indicated client #1 had the following communication goal: "[Client #1] will independently answer questions using his PEC (picture board) board." The Speech-Language Evaluation was conducted on 10/10/13 and had the following recommendations: "1. Communication needs can be met through programming with the facility and consultation with SLP (Speech-Language Program) to develop and monitor appropriate communication goals. 2. Communication programming could focus on increasing his ability to respond to general information questions,</p>		<ul style="list-style-type: none"> <li>· Program Director will review Communication Evaluation for all clients to ensure programming is in place per recommendations.</li> <li>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"> <li>· Program Director will address recommendations from specialists at annual and review quarterly to ensure that programming is in place per recommendations.</li> <li>· Home Manager will monitor documentation of formal programming documentation weekly and communicate to Program Director any concerns with documentation.</li> <li>1.How will the corrective action be monitored to ensure the deficient practice will not recur? <ul style="list-style-type: none"> <li>· Area Director will review annual recommendations as well as quarterly revisions to ensure that programming is in place per recommendations.</li> <li>· Program Director will review documentation of formal programming monthly and when concerns are communicated from Home Manager.</li> </ul> </li> </ul> </li> </ul> <p>A ddendum to 249W249 Program Implementation The facility failed to follow the dining plans for Clients 1, 2 and 3.</p>				

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	<p>using his signs, SLP can provide the staff with a list of general information questions for this purpose and/or staff can comprise a list of their own. 3. Staff would benefit from learning ASL (American Sign Language) signs to communicate with client #1 and decrease his level of frustration. 4. Staff should encourage [Client #1] to participate in social activities which promote vocabulary and language development."</p> <p>2. During the observation period on 9/10/14 at 4:00 PM to 7:15 PM client #2 was observed walking around the hallway, trying to open the medication room door and trying to open the snack cabinet door. Client #2 had a brightly colored string in his hand and an alarm clock. Staff did not communicate with client #2 except to prompt him to go to the medication room at 4:15 PM and to come to the table to eat dinner at 5:35 PM. Staff did not ask client #2 to identify common objects.</p> <p>The record review for client #2 was conducted on 9/11/14 at 12:24 PM. The ISP dated 1/24/14 indicated client #2 had the following communication goal. "[Client #2] will identify pictures of common objects." The Speech-Language Evaluation dated 10/22/10 indicated the following recommendations for client #2:</p>		<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> <li>· Dining Plan for Client 1 updated in regard to receiving Ensure 2x daily and in regard to Client choice of when to eat.</li> <li>· Formal Programming for Client 2 to utilize correct utensils when eating.</li> <li>· Formal Programming for Client 3 in regard to feeding himself.</li> </ul> <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> <p>Program Director will review dietary assessments of all clients to ensure recommendations have been implemented.</p> <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"> <li>· Staff training regarding Client 1, 2 and 3's dining plans and dining programming.</li> <li>· Home Manager will conduct a random meal observation weekly.</li> <li>· Home Manager will scan meal observation documentation to Program Director and Area Director upon completion of observation.</li> </ul> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> <li>· Area Director, Program Director and Nurse will review dietary assessments quarterly and monitor to ensure that dining plans are updated as necessary.</li> </ul>				

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	<p>"1. Communication needs can be met through programming within facility and consultations with SLP to develop and monitor appropriate communication goal(s). 2. Communication programming should focus on one of the following areas: a) increasing his ability to identify common objects upon request....b) increasing his ability to functionally use 1 specific photo communication picture to request a specific activity. 3. Staff should encourage [client #2] to participate in social activities which promote vocabulary and language skills."</p> <p>3. During the observation on 9/10/14 at 4:00 PM to 7:15 PM, client #3 was in his wheelchair making a lot of sounds and pointing. Staff would ask him if he wanted to go outside and he would say "No". Client #3 continued to make sounds and point while he rolled his wheelchair back and forth down hallway to living room and back to kitchen area. Staff did not use a communication device with client #3.</p> <p>The record review for client #3 was conducted on 9/11/14 at 1:01 PM. The ISP dated 2/28/14 indicated client #3 had the following communication goal: "[Client #3] will independently play a</p>		<p>· Program Director and Area Director will review meal observations weekly. 2nd Addendum</p> <p><b>W249 Program Implementation</b> The facility failed to ensure the communication goals and/or communication devices were implemented per the ISP for Clients 1, 2 and 3.</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Formal Programming for Clients 1, 2 and 3 in regard to communication per most recent Speech Evaluation.</li> <li>· Formal Programming implemented for all clients as outlined in Speech Evaluation.</li> <li>· Formal Programming for communication will be documented daily.</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>· Program Director will review Communication Evaluation for all clients to ensure programming is in place per recommendations.</li> </ul> <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>				

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	<p>board or card game with a peer and staff." The ISP indicated client #3 had an Alpha Talker communication output device. The Speech-Language Evaluation dated 10/22/10 indicated the following: "1. Communication needs can be met through programming within facility and consultations with SLP to develop and monitor appropriate communication goal(s). The current goal to functionally use photo communication board remains an appropriate goal. 2. Communication programming should focus on one of the following areas: a) increasing his ability to functionally use 1 specific photo communication picture to request a specific activity. b) a topic picture symbol communication board/book would benefit both [client #3] and staff when he is difficult to understand. c) [Client #3's] electronic device would be most beneficial to [client #3] if used to communicate with others in the community, or to possibly recite a "prayer" before a meal, take part in a church "program," etc...3. The SLP is available to assist with development of pictures for picture symbol topic board. 4. Staff should encourage [client #3] to participate in social activities which promote vocabulary and language skills."</p> <p>Interview with staff #3, administrative staff #2 on 9/11/14 at 11:45 AM and</p>		<ul style="list-style-type: none"> <li>· Program Director will address recommendations from specialists at annual and review quarterly to ensure that programming is in place per recommendations.</li> <li>· Program Director will monitor documentation of formal programming daily.</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>· Area Director will review annual recommendations as well as quarterly revisions to ensure that programming is in place per recommendations.</li> <li>· Program Director will review documentation of formal programming monthly and when concerns are communicated from Home Manager.</li> </ul>	

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W000440	<p>indicated client #1 was able to use about 70 signs and staff was learning but not everyone used sign. Client #2 would pull you to what he wanted and he could say a few things. Client #3 had the communication device in his room. Client #3 was able to get his message across by pointing and answering yes or no to staff questions.</p> <p>9-3-4(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8), the facility failed to conduct an overnight evacuation drill in January, February or March, 2014.</p> <p>Findings include:</p> <p>The evacuation drills were reviewed on 9/11/14 at 10:28 AM. The record indicated Clients #1, #2, #3, #4, #5, #6, #7 and #8 had an evacuation drill conducted on the overnight shift at 3:00</p>	W000440	<p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>HMs trained on regulations regarding evacuation drills.</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 clients have the potential to be affected by this deficient practice.</li> </ul> <p><b>1.What measures will be put into place or what systemic changes</b></p>	10/15/2014

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	<p>AM on 12/12/13 and did not have another drill conducted on the overnight shift until 4/18/14 at 1:05 AM.</p> <p>Interview with administrative staff #2 on 9/11/14 at 10:45 AM indicated the home did not conduct the drill that was scheduled for March until April. Administrative staff #2 indicated the drill conducted on 4/18/14 should have been done in March, 2014.</p> <p>9-3-7(a)</p>		<p><b>will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>Home Manager provided with a tracking form to ensure drills are done in accordance to federal guidelines.</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>Area Director and Program Director will review drills monthly to ensure drills are being properly run.</li> </ul>				