

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/09/2011
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NAME OF PROVIDER OR SUPPLIER OCCAZIO INC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN46015
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W0000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of survey: December 5, 6, 7, 8, and 9, 2011</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 000771 Provider Number: 15G251 AIMS Number: 100243430</p> <p>These deficiencies also reflect state findings under 460 IAC 9. Quality Review completed 12/15/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0104	<p>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 resided in the group home, the governing</p>	W0104	<p>W 104 Governing Body The governing body must exercise general policy, budget, and operating direction over the</p>	01/08/2012

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>body failed to exercise operating direction over the group home to ensure maintenance needs were addressed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/5/11 from 4:00 PM to 5:50 PM. The following items were in need of repair: In the first large restroom down the first hallway closest to the front door the cabinets/vanity underneath the sink were falling apart and coming out from the sink; all four bedrooms-two to a bedroom (for clients #2 and #4; clients #1 and #8; clients #3 and #5, and clients #6 and #7) walls needed to be repainted; tile from the floor in client #3 and #5's bedroom was coming up around the baseboard/wall area; and in client #6 and #7's bedroom the tile had come up from the floor and the concrete was exposed around the outside wall along the baseboard.</p> <p>Review on 12/7/11 at 1:40 PM of the group home's Maintenance Request Form dated 10/31/11 indicated the following items were in need of repair: "Leaking toilet", "Hole in wall-sm (small) bath (bathroom)", "Short in light in the walk-in shower", "Can't use more than one appliance w/o (without) tripping breaker", "Floors rm (rooms) 2 & 3 need fixed",</p>		<p>facility.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · A purchase request for the repairs has been submitted to the business office by the RC to address the maintenance concerns within the group home. · A work order has been provided to M.L. Taylor Construction, Inc. to begin repairs to the group home. This will address the maintenance concerns within the group home. <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"> · 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>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 		

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W0262	<p>"Bedrooms need painted", and "Bathroom falling apart." A Maintenance Request Form dated 6/30/11 included the above-mentioned items in need of repair, and these items were also on forms for 7/31/11, 8/11, 9/11, and 10/31/11.</p> <p>Interview on 12/9/11 at 10:00 AM with the ARC (Area Residential Coordinator) was conducted. The ARC indicated the above-mentioned items were still in need of repair.</p> <p>9-3-1(a)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on observation, record review and interview for 1 additional client (client #6), the facility failed to ensure the HRC (Human Rights Committee) did not approve the facility practice of locking a restroom door to keep client #6 from entering without a plan in place to address the client's behavior.</p>	W0262	<p>using the monthly maintenance form.</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 ARC will monitor as they complete their audits. · The maintenance director will monitor as he is in the home. <p>5. What is the date by which the systemic changes will be completed? January 8 th , 2012</p> <p>W 262 Program Monitoring and Change</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>1. What corrective action</p>	01/08/2012	

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 12/5/11 from 4:00 PM to 5:50 PM. One of the three restrooms was locked and a key hung on a nail up above on the wall beside the restroom.</p> <p>Observations were conducted again on 12/6/11 from 6:30 AM to 7:20 AM and the restroom was locked.</p> <p>Interview on 12/6/11 at 6:45 AM with client #1 was conducted. She stated the restroom was kept locked because client #6 "destroys it." She stated client #6 tears all the toilet paper off and "likes to make messes."</p> <p>Review on 12/7/11 at 1:35 PM of client #6's Behavior Support Plan dated 6/13/11 did not address locking the restroom door because of her behaviors. Review on 12/7/11 at 1:40 PM of the HRC signature form indicated the HRC approved the locking of the restroom door without a plan.</p> <p>Interview on 12/7/11 at 1:40 PM with the RC (Residential Coordinator) was conducted. The RC stated client #6 doesn't "destroy" the other two larger restrooms, just the one small restroom. The RC indicated it was becoming a</p>		<p>will be accomplished?</p> <ul style="list-style-type: none"> · Client #6's behavior plan is being revised to include the restriction of the locked bathroom. · HRC approval has been obtained on the revised behavior plan for Client #6. <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 IDT will meet to discuss the implementation of a new behavior plan or new restrictions that are needed within a plan when necessary. · HRC approval will be obtained after the IDT has met to discuss the implementation of a behavior plan when a new restriction is recommended for an individual's behavior plan. <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 IDT will meet to discuss the implementation of a new behavior plan or new restrictions that are needed within a plan when necessary. · HRC approval will be obtained after the IDT has met to 		

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W0288	<p>health hazard because client #6 would flush things down the toilet and put her head in the toilet. The RC indicated there was no plan in client #6's behavior plan to address the client's behavior but the HRC did approve the locking of the door.</p> <p>9-3-4(a)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. Based on observation, record review and interview, for 1 additional client (client #6) the facility failed to ensure the intervention of locking the bathroom door was not used in place of a plan.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/5/11 from 4:00 PM to 5:50 PM. One of the three restrooms was locked and a key hung on a nail up above on the wall beside the restroom.</p>	W0288	<p>discuss the implementation of a behavior plan when a new restriction is recommended for an individual's behavior plan.</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 daily when they are in the home. · The BC will monitor the documentation of the restrictions and observations when they are in the home. · The ARC will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed? January 8 th , 2012</p> <p>W 288 Management of Inappropriate Client Behavior Techniques to manage inappropriate behavior must never be used as a substitute for an active treatment program.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #6's behavior plan is being revised to include the restriction of the locked bathroom. · HRC approval will be obtained on the revised behavior plan for Client #6. 	01/08/2012	

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	<p>Observations were conducted again on 12/6/11 from 6:30 AM to 7:20 AM and the restroom was locked.</p> <p>Interview on 12/6/11 at 6:45 AM with client #1 was conducted. She stated the restroom was kept locked because client #6 "destroys it". She stated client #6 tears all the toilet paper off and "likes to make messes."</p> <p>Review on 12/7/11 at 1:35 PM of client #6's Behavior Support Plan dated 6/13/11 did not address locking the restroom door because of her behaviors.</p> <p>Interview on 12/7/11 at 1:40 PM with the RC (Residential Coordinator) was conducted. The RC stated client #6 doesn't "destroy" the other two larger restrooms, just the one small restroom. The RC indicated it was becoming a health hazard because client #6 would flush things down the toilet and put her head in the toilet. The RC indicated there was no plan in client #6's behavior plan to address the client's behaviors of clogging the toilet, putting her head in the toilet, or tearing toilet paper up.</p> <p>9-3-5(a)</p>		<ul style="list-style-type: none"> · Programming will be implemented to assist Client # 6 in displaying appropriate behaviors while in the restroom. <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 IDT will meet to discuss the implementation of a new behavior plan or new restrictions that are needed within a plan when necessary. · HRC approval will be obtained after the IDT has met to discuss the implementation of a behavior plan when a new restriction is recommended for an individual's behavior plan. <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 IDT will meet to discuss the implementation of a new behavior plan or new restrictions that are needed within a plan when necessary. · HRC approval will be obtained after the IDT has met to discuss the implementation of a behavior plan when a new restriction is recommended for an individual's behavior plan. 		

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W0369	<p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 7 meds (medications) passed for 1 of 4 sampled clients (client #4) by failing to ensure he took his med with food as instructed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/5/11 from 4:00 PM to 5:50 PM, and included the 4 PM med pass. At 4:20 PM, client #4 was administered one 6 mg (milligrams) Rivastigminele tablet for dementia. Review of the pill packet at 4:20 PM dated 12/5/11 indicated to take</p>	W0369	<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 daily when they are in the home. · The BC will monitor the documentation of the restrictions and observations when they are in the home. · The ARC will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed? January 8 th , 2012</p> <p>W 369 Drug Administration The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Medications will be passed as ordered by the physician. · Medications will be passed in accordance with Occazio policy. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what</p>	01/08/2012

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	<p>with food. Client #4 did not take this med with food. He didn't eat food after he took the pill until his dinner meal at 5:45 PM.</p> <p>Review on 12/5/11 at 4:20 PM of client #4's MAR (Medication Administration Record) dated 12/5/11 did not indicate to take this medication with food.</p> <p>Interview on 12/7/11 at 1:40 PM with the facility nurse was conducted. The nurse indicated client #4 should have eaten within 30 minutes of taking his Rivastigminele tablet.</p> <p>Interview on 12/7/11 at 1:40 PM with the RC (Residential Coordinator) was conducted. The RC indicated the staff should have compared the pill packet with the MAR three times.</p> <p>9-3-6(a)</p>		<p>corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients who take medication have the potential to be effected. · The pharmacy staff and Occazio staff will review medications as they come in monthly to compare the Medication Administration Record with the label on the medication. <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 pharmacy staff and Occazio staff will review medications as they come in monthly to compare the Medication Administration Record with the label on the medication. · The IDT will meet quarterly to review medications. · The DSA will do weekly medication cabinet checks to review medications. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · RC will monitor on a weekly basis as part of their job duty responsibilities. · The IDT will review on a quarterly basis. <p>5. What is the date by which the systemic changes will be completed?</p>		

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W0488	<p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed for 3 additional clients (clients #6, #7, and #8) by not ensuring they ate dinner with as much independence as possible.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/5/11 from 4:00 PM to 5:50 PM. At 5:40 PM, staff #1 served client #7 and #8's food for them and staff #2 poured client #8's drink. Staff #3 served client #7's pureed mixed fruit for her. Staff #2 served client #6's pureed mixed fruit. Staff #4 served client #8's pureed fruit for her. None of the staff used hand over hand assistance and did not ask clients #6, #7, and #8 if they needed help before serving them their food and drinks.</p> <p>Interview on 12/7/11 at 1:40 PM with the RC (Residential Coordinator) was conducted. The RC indicated clients #6, #7, and #8 could serve themselves at least with hand over hand assistance from staff.</p> <p>9-3-8(a)</p>	W0488	<p>January 8 th , 2012</p> <p>W 488 Dining Areas and Service</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Programming has been implemented for Clients #6, #7 and #8 to assist them with serving themselves at meal times. · The importance of ensuring active treatment during meal times was reviewed with the staff at their team meeting on 12-20-11. · The importance of ensuring active treatment during meal times was reviewed with the RC's at their team meeting on 12-8-11. <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 importance of ensuring active treatment during meal times was reviewed with the staff at their team meeting on 12-20-11. · The importance of ensuring 	01/08/2012	

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			<p>active treatment during meal times was reviewed with the RC's at their team meeting on 12-8-11.</p> <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 importance of ensuring active treatment during meal times was reviewed with the staff at their team meeting on 12-20-11. · The importance of ensuring active treatment during meal times was reviewed with the RC's at their team meeting on 12-8-11. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · RC will monitor daily when they are in the home. · The ARC will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed? January 8 th , 2012</p>		