

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G735	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/19/2012
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1206 S MAIN ST NEW CASTLE, IN 47362		
(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	
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: January 17, 18, and 19, 2012</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 005553 Provider Number: 15G735 AIMS Number: 200854080</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality Review completed on 1/27/12 by Tim Shebel, 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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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, the governing body failed to exercise general maintenance over the facility for 6 of 6 clients who resided in the home (clients #1, #2, #3, #4, #5, and #6) by not ensuring the front living room carpet was free of stains.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/17/12 from 3:30 PM to 6:10 PM and again on 1/18/12 from 6:55 AM to 8:00 AM. The light tan colored carpet in the front living room where clients #1, #2, #3, #4, #5, and #6 use, the carpet had 11 one-half inch dark circle stains, a foot-long snag in front of the same couch, and 4 white stains in the middle of the carpet which were 1 inch in diameter.</p> <p>Review on 1/19/12 at 3:40 PM of the carpet cleaning bill was conducted. It was dated 11/11/11 and was the most recent cleaning of the carpet.</p> <p>Interview on 1/19/12 at 3:45 PM with the ARC (Area Residential Coordinator) was conducted. The ARC indicated the governing body does exercise general maintenance over the facility.</p>	W0104	<p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> The carpet will be cleaned and evaluated to see if it can be repaired. If not, the carpet will be replaced. <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 clients have the potential to be affected.. The Residential Coordinator will evaluate the carpet on a monthly basis. <p>3. The following measures will be put into place to ensure that the deficient practice does not recur.</p> <ul style="list-style-type: none"> The Residential Coordinator and the assistant will review maintenance needs of the home on a monthly basis, and report concerns to the maintenance department. <p>4. The corrective actions will be monitored to ensure that the deficient practice does not recur in the following manner.</p>	02/18/2012			

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	<p>Interview on 1/19/12 at 3:45 PM with the RC was conducted. She indicated the carpet was cleaned every 6 months or as needed.</p> <p>9-3-1(a)</p>		<ul style="list-style-type: none"> · RC will monitor on a monthly basis. 5. The date by which the systemic changes will be completed is as follows. · 2/18/2012 	

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W0436	<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 1 of 2 clients who had glasses (client #1) had a program to teach him to wear his glasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home where client #1 resided on 1/17/12 from 3:30 PM to 6:10 PM and again on 1/18/12 from 6:55 AM to 8:00 AM. Observations were conducted at the workshop on 1/18/12 from 9:05 AM to 9:30 AM where client #1 did a paid job of taking lids off of jars and replacing them with new ones. During all three observation periods, client #1 was not wearing glasses.</p> <p>Review on 1/18/12 at 10:50 AM of client #1's records was conducted. His vision exam dated 9/30/10 indicated he had an order for new glasses.</p> <p>Interview on 1/18/12 at 11:00 AM with the RC (Residential Coordinator) was conducted. The RC indicated client #1 chooses not to wear his glasses and he did</p>	W0436	<p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Programming will be put in place to assist Client #1 in wearing his glasses. <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 clients who wear glasses have the potential to be affected. · Each client will be assessed yearly as part of the annual assessment. <p>3. The following measures will be put into place to ensure that the deficient practice does not recur.</p> <ul style="list-style-type: none"> · Clients will be evaluated on a yearly basis to update the annual assessment. · Recommendations from Optometrists will be reviewed by the IDT. · Programming will be put in 	02/18/2012
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	not have a program to teach him to wear his glasses. The DSA (Direct Support Assistant) was also interviewed on 1/18/12 at 11:00 AM and indicated his glasses were for close-up work. 9-3-7(a)		place based on the needs of each individual client. 4. The corrective actions will be monitored to ensure that the deficient practice does not recur in the following manner. · RC will monitor on a monthly basis as part of their QMDP responsibilities. 5. The date by which the systemic changes will be completed is as follows. · 2/18/2012		