STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G044	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY ENTERPRISES INC	6381 LUTE RD PORTAGE, IN 46368

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W0000	This visit was for a fundamental annual recertification and state licensure survey. This visit was in conjunction with the post certification revisit to the investigation of complaint #IN00101028. Dates of Survey: February 1, 2, 3, 8, 9 and 10, 2012. Facility number: 000600 Provider number: 15G044 AIM number: 100233500 Surveyor: Christine Colon, Medical Surveyor III/QMRP The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/5/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the governing body failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) living at the group home, to exercise general operating direction in a manner to ensure routine maintenance was completed. Findings include: An evening observation was conducted at the home of clients #1, #2, #3, #4, #5, #6, #7 and #8 on 2/1/12 from 4:00 P.M. until 7:30 P.M.. At 4:40 P.M., client #4 washed his hands in the bathroom, grabbed the roll of paper towels sitting on the back of the toilet and dropped the roll on the floor. The bathroom did not have a paper towel holder. An interview with the Qualified Mental Retardation Professional Designee (QMRPD) was conducted on 2/9/12 at 1:20 P.M.. The QMRPD indicated there should be a paper towel holder in the bathroom. No further documentation was available for review to indicate when the paper towel holder would be repaired/replaced.	W0104	On 3-2-12, The Group Home Staff were retrained by the QDDP on submitting maintenance requests when needed. The paper towel holder has been installed. The Group Home Manager will monitor on a weekly basis to ensure needed maintenance requests are submitted. The QDDP will monitor at monthly home vistis at all homes to ensure compliance.	03/17/2012

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	9-3-1(a)			

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W0249	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. Based on observation, record review and interview, the facility failed 1 of 3 clients observed during medication administration (client #4) to implement written objectives during times of training opportunities. Findings include: A morning observation was conducted at the group home on 2/3/12 from 6:00 A.M. until 7:30 AM. Upon entering the group home, client #4 was sleeping in a recliner located in the living room with no activity. At 6:15 A.M., Direct Support Professional (DSP) #6 administered client #4's prescribed medications. DSP #6 popped each of client #4's medications into a plastic medication cup and instructed client #4 to take his medications. Client #4 did not point to any medications. After taking his medications, client #4 sat in his recliner in the living room and fell asleep. Client #4 was not prompted to any activity during the entire observation.	W0249	On 3-2-12, the Group Home staff were retrained by the QDDP on active treatment implementation. The QDDP will monitor active treatment implementation at monthly home visits at all homes to ensure compliance.	03/17/2012

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	A review of client #4's record was conducted on 2/8/12 at 9:55 A.M.. The Individual Support Plan (ISP) dated 3/23/11 indicated: "Will point to the proper medication at each med pass...will write his first name...continue implementation of informal active treatment...staff will structure his day with a set routine and make clear expectations." The Qualified Mental Retardation Professional Designee (QMRPD) was interviewed on 2/9/12 at 1:20 P.M.. The QMRPD indicated active treatment should be ongoing and training objectives should be implemented at all times of opportunity. 9-3-4(a)			

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W0250	483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) to have individualized Active Treatment Schedules (ATS). Findings include: Client #1's record was reviewed on 2/8/12 at 11:10 A.M.. Client #1's record did not include an individualized ATS. Client #2's record was reviewed on 2/8/12 at 11:30 A.M.. Client #2's record did not include an individualized ATS. Client #3's record was reviewed on 2/8/12 at 11:50 A.M.. Client #3's record did not include an individualized ATS. Client #4's record was reviewed on 2/8/12 at 12:20 P.M.. Client #4's record did not include an individualized ATS. An interview with the Qualified Mental Retardation Professional Designee (QMRPD) was conducted on 2/9/12 at 1:20 P.M.. The QMRPD indicated she was not aware clients #1, #2, #3 and #4	W0250	The QDDP has developed active treatment scheduled for all of the consumers. The group home staff were trained on these schedules on 3-2-12 by the QDDP. The QDDP will monitor the implementation of these schedules at monthly home visits at all homes to ensure compliance.	03/17/2012

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	should have individualized active treatment schedules. No documentation was available for review to indicate each client had an individualized ATS. 9-3-4(a)			

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W0323	483.460(a)(3)(i) PHYSICIAN SERVICES 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 for 2 of 2 sampled clients (clients #2 and #3) to provide a follow up vision evaluation/assessment as recommended by the physician. Findings include: A review of client #2's record was conducted on 2/8/12 at 10:55 A.M.. Client #2's record indicated a most current vision evaluation dated 1/12/10 with the recommendation to follow up in 2 years. Client #2's record did not contain evidence he followed up in 2 years as recommended by the physician. A review of client #3's record was conducted on 2/8/12 at 11:15 A.M.. Client #3's record indicated a most current vision evaluation dated 1/18/10 with the recommendation to follow up in 2 years. Client #3's record did not contain evidence he followed up in 2 years as recommended by the physician. The Qualified Mental Retardation Professional Designee (QMRPD) was interviewed on 2/9/12 at 1:20 P.M.. The	W0323	Client #2 had a vision exam on 2-24-12. Client #3 had a vision exam on 3-1-12. The IDT will review medical information at monthly meetings to ensure medical appointments are completed as needed or required. The nurse will monitor on a monthly basis to ensure compliance.	03/17/2012

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	QMRPD indicated clients #2 and #3 were overdue for their vision exams. The QMRPD further indicated clients #2 and #3 were to follow up as recommended by the physician. 9-3-6(a)			