STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G488	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/22/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCCAZIO INC	38 RYAN DR TRAFALGAR, IN 46181

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	This visit was for a fundamental recertification and state licensure survey. Survey Dates: May 1, 2, 3, 4, 7 and 22, 2012 Facility Number: 001002 Provider Number: 15G488 Aim Number: 100245020 Surveyor: Jo Anna Scott, Medical Surveyor III These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed on June 8, 2012 by Dotty Walton, 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 for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8), the governing body failed to ensure repairs or a replacement were made to a door that was damaged by a client during a behavior. Findings include: During the observation period on 5/1/12 from 4:30 PM to 7:45 PM, the door to the office outside the dining area had holes and the door knob was pushed inward with the wood around the door knob cracked and splintered. Clients #1, #2, #3, #4, #5, #6, #7 and #8 all used the door when they went into the office to talk with the house manager. Interview with staff #2, Program Coordinator (PC), on 5/2/12 at 3:00 PM indicated the door had been damaged when client #8 became physically aggressive with a staff that had locked herself in the office. Staff #2, PC, indicated the client had taken a hammer and hit the door. Staff #2, PC, indicated the door needed to be replaced.	W0104	**W104 Governing Body** The governing body failed to ensure repairs or a replacement was made to a door that was damaged by a client during a behavior. **1.What corrective action will be accomplished?** · Door to office has been repaired. **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?** All clients have the potential to be affected by this deficient practice. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient**	06/22/2012

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	9-3-1(a)		**practice does not recur:** · Residential Coordinator will record all maintenance concerns on Maintenance tracking form. · Area Residential Coordinator will review maintenance tracking form monthly and follow-up on all delinquent concerns. **1.How will the corrective action be monitored to ensure the deficient practice will not recur?** · Maintenance concerns that are considered environmental hazards will be reviewed quarterly by the Risk Committee. **1.What is the date by which the systemic changes will be completed?** June 22, 2012	

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W0242	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to have personal hygiene goals and toothbrushing goals for clients who lacked those personal skills. Findings include: The record review for client #1 was conducted on 5/2/12 at 10:16 AM. The Individualized Support Plan (ISP) dated 1/6/12 indicated client #1 had the following training goals: 1. Complete her PT (Physical Therapy) exercises with staff assistance. 2. Locate and access sharps with assistance. 3. Complete weekly chore with assistance. 4. Independently wipe herself from front to back after using the toilet. 5. Independently count out change for simulated purchases.	W0242	**1.What corrective action will be accomplished?** · Formal programming with Client 1 on bathing and dental hygiene. · Client 2 is independent in all aspects of bathing, and his assessment is reflective of this. · Formal programming with Client 3 on bathing. · Formal programming with Client 4 on dental hygiene. Client 4 is independent in all aspects of bathing, and his assessment is reflective of this. **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?**	06/22/2012

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	7. Independently identify her meds (medication). There was no indication client #1 received training on bathing or dental hygiene. The record review for client #2 was conducted on 5/2/12 at 11:30 AM. The ISP dated 11/18/11 indicated client #2 had the following training goals. 1. Independently brush his teeth. 2. Independently state how to access objects. 3. Independently identify what bank he uses, the two places where he keeps his money and who he needs to ask to acquire his money. 4. Independently and correctly use blind-cane for navigation. 5. Independently identify correct drawer for morning medications. There was no indication client #2 received training on bathing. The record review for client #3 was conducted on 5/2/12 at 10:44 AM. The ISP dated 1/13/12 indicated client #3 had the following training goals: 1. Individual will locate and access sharps with assistance. 2. Independently clean and store her hearing aid. 3. Independently set the table for a		All client assessments and programming will be reviewed to ensure that clients are receiving training in accordance with skill level. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Training with Residential Coordinator regarding addressing programmatically concerns of clients. **1.How will the corrective action be monitored to ensure the deficient practice will not recur?** · IDT will review skill assessments of clients at least annually and ensure that proper programmatic concerns are addressed. **1.What is the date by which the systemic changes will be**	

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	meal. 4. Independently make change for a simulated purchased under $5.00. 5. Brush her tongue and use mouthwash with staff assistance. 6. Independently select meds from storage and pop out her pills with staff supervision and prompts. There was no indication client #3 received training on bathing. The record review for client #4 was conducted on 5/2/12 at 11:04 AM. The ISP dated 3/30/12 indicated client #4 had the following training goals. 1. Individual will locate and access sharps with assistance. 2. Independently state why he should not hit other people. 3. Independently read and discuss a newspaper article with staff. 4. Independently ID (identify) his meds (medication) and give the reason he takes it and state one side effect for each. 5. Independently count out change for $20.00. There was no indication client #4 received training on bathing or dental hygiene. Interview with staff #4, direct care staff, on 5/2/12 at 4:30 PM indicated clients #1,		**completed?** June 22, 2012	

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	#2, #3 and #4 all required assistance with bathing and oral hygiene. Staff #2, PC (Program Coordinator), on 5/3/12 9:00 AM indicated bathing and oral hygiene was trained informally. Staff 2, PC, indicated all the clients living in the home required prompting/assistance with bathing. 9-3-4(a)			

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W0322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on observation, record review and interview for 1 of 4 sampled clients (client #1), the facility failed to ensure a recommendation for swallowing evaluation. Findings include: The record review for client #1 was conducted on 5/2/12 at 10/16/12. The record indicated client #1 had an acute stroke in 2011. The medical history indicated it involved the "right internal capsule with residual left hemiparesis." The record indicated in August, 2011 client #1 transferred for extended care to a rehabilitation facility. The record indicated client #1 was to use "Chin tuck strategy with PT (patient) utilizing written diagram with picture." The progress note indicated PT (Physical Therapy) recommended "staff be educated of swallow strategy of chin tuck towards dysphagia goals." The record indicated client #1 had transferred to the current home in December, 2011. There was no documentation in the record indicating client #1 had any history of dysphagia or any follow-up of the possible need of a swallowing evaluation.	W0322	**1.What corrective action will be accomplished?** · Swallow evaluation scheduled for Client 1. **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?** · Review physician recommendations for clients to ensure recommendations have been completed. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Residential Coordinator will review all physicians' notes upon return from an appointment. · All notes will be sent via secure communication to nurse upon completion of appointment for review. **1.How will the corrective action be monitored to ensure the deficient practice will not recur?** · Nurse will review charts quarterly to ensure recommendations from physicians have been completed. **1.What is the date by which the systemic changes will be**	06/22/2012

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	During the observation period on 5/1/12 from 4:30 PM to 7:45 PM, client #1 ate dinner at 5:55 PM. Staff did not prompt client #1 to use any chin tuck strategy while eating. Interview with staff #2, Program Coordinator (PC) on 5/2/12 at 3:00 PM indicated she was not aware client #1 had a problem with dysphagia. Staff #2, PC, indicated the home client #1 had moved from did not have anything in the transfer papers indicating a need for a swallow strategy. Staff #2, PC, indicated client #1 would tell them she did not aspirate. Staff #2, PC, indicated client #1 had not had a swallowing assessment. 9-3-6(a)		**completed?** June 22, 2012	

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W0440	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 evacuation drill on the evening shift (4:00 PM to 12:00 AM) between May and November, 2011. Findings include: The review of evacuation drill records for clients #1, #2, #3, #4, #5, #6, #7 and #8 was conducted on 5/2/12 at 8:30 AM. The record indicated the facility failed to conduct an evacuation drill on the evening shift (4:00 PM to 12:00 AM) from May 27, 2011 to November 29, 2011. There was no record of an evacuation drill being conducted in June, July, August, September and October on the evening shift. Interview with staff #2, Program Coordinator (PC), on 5/2/12 at 9:11 AM indicated the drill had been scheduled to be conducted, but there was no documentation available indicating it had been done. 9-3-7(a)	W0440	**1. What corrective action will be accomplished?** · RC trained on regulations regarding evacuation drills. **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?** · All clients have the potential to be affected by this deficient practice. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Residential Coordinator provided with a tracking form to ensure drills are done in accordance to federal guidelines.	06/22/2012

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			4. How will the corrective action be monitored to ensure the deficient practice will not recur? · Area Residential Coordinator will review drills monthly to ensure drills are being properly run. **5. What is the date by which the systemic changes will be completed?** 6/22/2012	

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W0463	483.480(a)(4) FOOD AND NUTRITION SERVICES The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to ensure the nutritional assessment indicated any special instructions such as low fat, NCS (No Concentrated Sweets), or diabetic. Findings include: The record review for client #1 was conducted on 5/2/12 at 10:15 AM. The nutrition assessment dated 1/13/12 indicated client #1 was on a regular "Vegetarian" diet. The assessment indicated client #1 had an ideal body weight of 99# (pounds) to 121#. The current weight for client #1 was 142 #. The physician's orders dated May 1 through May 31, 2012 did not make any diet recommendations. The facility menu indicated client #1 was on a Regular Diet with NAS (No Added Salt). The record review for client #2 was conducted on 5/2/12 at 11:30 AM. The nutritional assessment dated 1/9/12 indicated client #2 was on a Regular - NAS diet. The assessment indicated client #2 had an ideal body weight of 117# to 143# and a current weight of	W0463	**1.What corrective action will be accomplished?** · Nutritional Assessments, Dining Plans, MARs and POs updated to reflect special instructions for diets for Clients' 1, 2, 3 and 4. **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?** · Review assessments, dining plans, MARs and POs for all clients. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Training with staff regarding diets.	06/22/2012

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	220#. The physician's orders dated May 1 through May 31, 2012 did not make any diet recommendations. The facility menu for client #2 indicated his diet was Regular - NAS. The record review for client #3 was conducted on 5/2/12 at 10:44 AM. The nutritional assessment dated 2/8/12 indicated client #3 was on a Regular with ground meats diet, 1800 calorie, NAS. The physician's orders dated May 1 through May 31, 2012 did not make any diet recommendations. The facility menu for client #3 indicated his diet was Regular - NAS. The record review for client #4 was conducted on 5/2/12 at 11:04 AM. The nutritional assessment dated 2/6/12 indicated client #4 was on a Regular - NAS diet. The face sheet for client #4's chart indicated his diet should be low fat, no concentrated sweets, no added salt. The physician's orders dated May 1 through May 31, 2012 did not make any diet recommendations. The facility menu for client #4 indicated his diet was Regular - NAS. Interview with staff #2, Program Coordinator (PC) on 5/2/12 at 1:50 PM indicated the dietitian had told them all the menus she provided were low fat, no		**1.How will the corrective action be monitored to ensure the deficient practice will not recur?** · Nurse will review Dietary Assessments quarterly to ensure all special instructions are included. **1.What is the date by which the systemic changes will be completed?** June 22, 2012	

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	concentrated sweets and it wasn't necessary to specify that on the diets for clients #1, #2, #3 and #4. Staff #2, PC, indicated there were no diet recommendations when the clients dined out. 9-3-8 (a)			

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W0474	483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. Based on observation and interview for 1 of 8 clients living in the home (client #5), the facility failed to ensure the breakfast drink was the correct consistency. Findings include: During the observation period on 5/1/12 from 4:30 PM to 7:05 PM, client #5 was observed at dinner at 5:25 PM to put a teaspoon of thick-it (powdered used to thicken liquids) in her coffee and a teaspoon of thick-it in her milk. . There was no staff assistance in mixing the thick-it into the hot coffee and the milk. No staff checked the coffee and milk to ensure they were the correct consistency. Interview with staff #2, Program Coordinator (PC), on 5/1/12 at 5:30 PM indicated the drinks for client #5 was to have the consistency of "nectar." Staff #2, PC, indicated the drinks with thick-it should be checked by staff to ensure they had been prepared correctly. 9-3-8(a)	W0474	**1.What corrective action will be accomplished?** · Utilization of better thickening product. · Purchase of blender to assist in correct consistency of liquids. **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?** · Client 5 is the only client using a thickening agent. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Training with staff on proper thickening consistency of liquids.	06/22/2012

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			1.How will the corrective action be monitored to ensure the deficient practice will not recur? · Direct Support Assistance will perform monthly meal observations and report any concerns to Residential Coordinator. **1.What is the date by which the systemic changes will be completed?** June 22, 2012	