

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G517	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 699 GRAHAM ST APTS 2 & 8 FRANKLIN, IN 46131
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W 000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 16, 17, 18, 19 and 20, 2015.</p> <p>Facility number: 001031 Provider number: 15G517 AIM number: 100245210</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/26/15 by Ruth Shackelford, QIDP.</p>	W 000		
W 436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <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 upon observation, record review,</p>	W 436	1.What corrective action will be accomplished?	03/22/2015

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>and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #3) to encourage client #3 to use a walker and for client #1 to ensure glasses were available for her use.</p> <p>Findings include:</p> <p>1. Observations were completed at the group home on 2/17/15 from 6:48 AM to 7:55 AM. Client #3 walked through the kitchen without using his walker or being prompted to use his walker and fell into a bench.</p> <p>Client #3's record was reviewed on 2/19/15 at 11:50 AM. Client #3's ISP (Individual Support Plan) dated 7/18/14 indicated client #3 should be using his walker at all times.</p> <p>The Residential Manager was interviewed on 2/17/15 at 8:05 AM. When asked if client #3 was supposed to use a walker, she stated, "Yes, we prompt him and prompt him." She indicated staff should prompt client #3 to use his walker.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 2/19/15 at 12:25 PM and indicated client #3 should be reminded to use his walker.</p> <p>2. Observations were completed at the group home on 2/16/15 from 6:05 PM until 7:05 PM. Client #1 did not wear glasses during the observation.</p>		<ul style="list-style-type: none"> · Formal Programming with Client 3 in regard to utilization of walker. · Replacement of broken eyeglasses for Client 1. · Formal Programming with Client 1 in regard to proper care of eyeglasses. <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> <ul style="list-style-type: none"> · Program Director will review adaptive equipment items and needs for all clients. <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"> · Training with support staff regarding programming for clients in regard to adaptive equipment. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · All adaptive equipment needs will be evaluated at monthly staff meetings to ensure that clients have equipment necessary and that equipment is in working order. <p>1.What is the date by which the systemic changes will be completed?</p>	

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W 460	<p>Observations were completed at the group home on 2/18/15 from 4:45 PM until 5:35 PM. Client #1 did not wear glasses during the observation as she worked with staff to identify coin values, received her medication and ate her dinner.</p> <p>Client #1's record was reviewed on 2/18/15 at 4:55 PM. A vision exam dated 7/24/14 indicated client #1 wore glasses.</p> <p>Client #1 was interviewed on 2/18/15 at 4:50 PM and indicated she had broken her glasses.</p> <p>The Area Director and QIDP-D (Qualified Intellectual Disabilities Professional Designee) were interviewed on 2/19/15 at 1:00 PM. They stated client #1 had broken her glasses "about three weeks ago," and indicated her glasses were going to be repaired, but the house manager had not yet taken the prescription to obtain new glasses.</p> <p>9-3-7(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES</p>		March 22, 2015				

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Bldg. 00	<p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, interview, and record review, for 2 of 4 sampled clients (clients #2 and #3) and 2 additional clients (clients #7 and #8), the facility failed to ensure each client received a well balanced diet which included menus items/appropriate substitutions as included on the posted menu.</p> <p>Findings include:</p> <p>During observation at the group home on 2/17/15 from 6:48 AM until 7:55 AM, clients #2, #3, #7 and #8 ate oatmeal prepared by staff #2. The house manager assisted the clients to pour themselves fruit juice. There were no other meal items on the table.</p> <p>The Spring/Summer Menu dated 2/12/09 provided by the house manager was reviewed on 2/17/15 at 7:35 AM and indicated "3/4 c (cup) of apple juice, 2 sm (small) pancakes, 1 oz (ounce) sugar free syrup, 1 tsp (teaspoon) margarine, 1/2 c whole grain cereal, 2 eggs, FF (fat free) style, 1 c water, coffee/tea-if desired and 1 c SK (skim) or 1/2% milk."</p> <p>The house manager was interviewed on</p>	W 460	<p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Support staff will be trained regarding menus, diets and appropriate substitutions. · Formal programming for Clients 2, 3, 7 and 8 regarding eating a balanced meal. <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 this practice. <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"> · Meal observation will be done by Home Manager weekly. <p>4. How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Program Director and Area Director will review meal observation documentation to ensure that clients are eating a well-balance meal. 	03/22/2015

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W 488 Bldg. 00	<p>2/17/15 at 7:40 AM and indicated the pancakes had been substituted with cereal and the other menu items should have been provided and offered to the clients.</p> <p>The Area Director and the QIDP-D (Qualified Intellectual Disabilities Professional Designee) were interviewed on 2/19/15 at 1:00 PM. The AD indicated menu items or appropriate substitutions should be made available for clients as indicated on the menu.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) 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>Based upon observation, record review and interview, the facility failed for 3 of 4 sampled clients (clients #2, #3 and #4) and 2 additional clients (clients #7 and #8) to encourage clients to assist in meal preparation.</p>	W 488	<p>5. What is the date by which the systemic changes will be completed?</p> <p>March 22, 2015</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> Formal programming Clients 2, 3, 4, 7 and 8 regarding participation in meal preparation. <p>2. How will we identify other residents having the potential to be</p>	03/22/2015

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