

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G290	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/25/2013
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NAME OF PROVIDER OR SUPPLIER OCCAZIO INC	STREET ADDRESS, CITY, STATE, ZIP CODE 23 SKYVIEW DR CHESTERFIELD, IN 46017
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 5, 6, 7, 8, 14, 15, 20, 22, and 25, 2013.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>Facility Number: 000809 Provider Number: 15G290 AIMS Number: 100243730</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 28, 2013 by Dotty Walton, 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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W0112	<p>483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation, record review, and interview, for 1 of 4 sample clients (client #4) living in the group home, the facility failed to keep each client's personal information confidential by posting the client's dining information on the kitchen wall.</p> <p>Findings include:</p> <p>During observations on 2/5/13 from 5:55am until 8:00am and on 2/5/13 from 3:10pm until 5:55pm, posted on the kitchen wall was client #4's full name and 1/2/13 "Dining Plan" which indicated client #4 "will talk with his mouth full. He will often let food drop from his mouth while he is chewing or talking." Client #4's Dining Plan indicated client #4 did not follow his diet, he eats "too fast," staff needed to sit next to him "at all meal times," and indicated client #4 was on a "Pureed Diet."</p> <p>An interview with Residential Coordinator (RC) #2 was conducted on 2/6/13 at 2:00pm. At 2:00pm, RC #2 indicated client #4's personal information should not have been posted on the group</p>	W0112	<p>W 112 Client Records</p> <p>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #4's dining plan has been removed from the kitchen wall. · Occazio's policy #2060 regarding confidentiality of client records will be reviewed with the staff at their team meeting by 3-27-13. <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. 	03/27/2013			

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	home kitchen wall where visitors to the home had access. 9-3-1(a)		<ul style="list-style-type: none"> · Confidential information for the residents will not be posted on the walls of the home. · Occazio's policy #2060 regarding the confidentiality of client records will be reviewed with the staff at their team meeting by 3-27-13. <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"> · Confidential information for the residents will not be posted on the walls of the home. · Occazio's policy #2060 regarding the confidentiality of client records will be reviewed with the staff at their team meeting by 3-27-13. <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 Program Specialist will monitor as they complete their audits. 		

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			<p>5. What is the date by which the systemic changes will be completed? March 27 th , 2013</p>		

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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on observation, record review, and interview, for 4 of 4 sample clients (clients #1, #2, #3, and #4), and for 4 additional clients (clients #5, #6, #7, and #8), the facility failed to provide an accurate accounting for each client's personal funds.</p> <p>Findings include:</p> <p>On 2/5/13 at 6:12am, DCS (Direct Care Staff) #1 removed a \$1.00 bill from the top drawer of the medication cart and handed the \$1.00 bill to client #4. At 6:20am, DCS #1 indicated the \$1.00 was for client #4 to carry on his person to workshop to spend. DCS #1 indicated and showed a stack of four (4) one dollar bills inside the medication cart for her to pass out to clients. DCS #1 stated, "I put them in there before the med (medication) pass (and) I get them out of (the) office envelope before the med pass." At 6:20am, DCS #1 gave client #7 a one dollar bill.</p> <p>On 2/5/13 at 10:55am, clients #1, #2, #3, and #4's group home financial records were reviewed with the Residential</p>	W0140	<p>W 140 Client Finances</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box. · Regular audits of the finances will be completed by the RC and the DSA for the home. · Clients 1-8 will sign for their money when it is received from the lock box. <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 	03/27/2013

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	<p>Coordinator/Qualified Disabilities Professional (RC/QDP). At 10:55am, the RC/QDP provided an envelope labeled "workshop money" and indicated the envelope held United States currency inside which belonged to clients #1, #2, #3, #4, #5, #6, #7, and #8. The RC/QDP indicated each client had money taken from their personal funds accounts and placed inside the workshop envelope. The RC/QDP indicated the staff initialed the outside of the envelope, the envelope did not include clients' signatures for the money expended, and did not account for how much money each client was to have inside the envelope. The RC/QDP indicated each client's "workshop money" did not have an accurate accounting for the money placed into the envelope and did not indicate the amount of money expended from the envelope. The RC/QDP indicated the facility staff dispensed a one dollar bill to each client daily to carry and spend at the workshop.</p> <p>Client #1's financial record was reviewed on 2/5/13 at 10:55am. Client #1's 1/31/2013 "Personal Finance Transaction Report" record did not indicate money expended to the "Workshop Money" envelope.</p> <p>Client #2's financial record was reviewed on 2/5/13 at 10:55am. Client #2's</p>		<p>potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box. · Regular audits of the finances will be completed by the RC and the DSA for the home. · Clients 1-8 will sign for their money when it is received from the lock box. <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"> · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box. · Regular audits of the finances will be completed by the RC and the DSA for the home. · Clients 1-8 will sign for their money when it is received from the lock box. <p>4. How will the corrective action be monitored to ensure the deficient practice will not</p>				

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	<p>1/31/2013 "Personal Finance Transaction Report" record indicated money from his personal account was expensed on "1/11/13, Workshop Money \$6.00," "1/18/13, Workshop Money \$5.00," and on "1/30/13, Workshop Money \$4.00."</p> <p>Client #3's financial record was reviewed on 2/5/13 at 10:55am. Client #3's 1/31/2013 "Personal Finance Transaction Report" record indicated money from her personal account was expensed on "1/11/13, Workshop Money \$7.00," "1/18/13, Workshop Money \$5.00," and on "1/30/13, Workshop Money \$5.00."</p> <p>Client #4's financial record was reviewed on 2/5/13 at 10:55am. Client #4's 1/31/2013 "Personal Finance Transaction Report" record indicated money from his personal account was expensed on "1/30/13, Workshop money \$5.00," "1/11/13, Workshop money \$1.00," and on "1/18/13, Workshop money \$5.00."</p> <p>9-3-2(a)</p>		<p>recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>March 27 th , 2013</p>		

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W0192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on observation, record review, and interview, for 2 of 8 clients (clients #4 and #7), the facility staff failed to follow the facility's medication administration policy and procedure by not pre-setting medications before administration.</p> <p>Findings include:</p> <p>On 2/5/13 at 5:55am, client #4 opened the front door of the group home let the surveyor inside and no staff was observed. From 5:55am until 6:05am, clients #1, #3, #4, #6, and #7 were independently inside the kitchen setting the table. At 6:05am, DCS (Direct Care Staff) #1 walked from the back hallway area of the group home. At 6:05am, DCS #1 indicated she was setting up (dispensing from packaging) medications to be administered. From 6:12am until 6:35am, DCS #1 administered client #4 and #7's pre-set oral medications each from a metal medication cup from a section of the medication cart with each client's name on that section. On 2/6/13 at 6:05am, DCS #1 indicated the second facility staff was not present at the group home and she (DCS #1) had popped out</p>	W0192	<p>W 192 Staff Training Program</p> <p>For employees who work with clients, training must focus on skills and competencies directed towards clients' health needs.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · A medication practicum will be completed with DCS staff #1 by 3-27-13. · The medication policy #2130 and medication administration practices will be reviewed with all staff at their team meeting by 3-27-13. <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 medication policy 	03/27/2013			

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	<p>client #4 and #7's medications before the time the medications were to be administered.</p> <p>On 2/6/13 at 2:27pm, a review of the facility's 8/1/2004 "Medication Administration Policy" indicated "E. The Occazio employee administering medication to a resident/consumer must document medication administration at the time the Occazio employee gives the medication to the resident/consumer. The documentation must be accurate, complete, and timely. 1. Occazio employees administering medication are expected to prepare, administer, and document medication administration for one resident/consumer before preparing another resident's/consumer's medication."</p> <p>An interview with the Residential Coordinator (RC) #2 was conducted on 2/6/13 at 2:00pm. At 2:00pm, RC #2 indicated the facility staff should follow the facility's policy and procedure for medication administration. RC #2 indicated staff should not prepare medications before the individual client was present for medication administration.</p> <p>9-3-3(a)</p>		<p>#2130 and medication administration practices will be reviewed with all staff at their team meeting by 3-27-13.</p> <ul style="list-style-type: none"> Random medication practicums will be completed with staff to ensure that all staff are following the approved medication administration policy and practices. <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 medication policy #2130 and medication administration practices will be reviewed with all staff at their team meeting by 3-27-13. Random medication practicums will be completed with staff to ensure that all staff are following the approved medication administration policy and practices. <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 				

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			<p>home.</p> <p>The Program Specialist will monitor as they complete their audits.</p> <p>5. What is the date by which the systemic changes will be completed?</p> <p>March 27th, 2013</p>		

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, record review, and interview, for 3 of 8 clients (clients #2, #4, and #5) observed receiving medications, the facility failed to follow physicians' orders for 3 of 21 medications observed administered.</p> <p>Findings include:</p> <p>1. On 2/5/13 at 6:12am, DCS (Direct Care Staff) #1 assembled client #4's oral medications and asked client #4 to apply his Clindamycin Gel 1% cream to his chest. Client #4 lifted his shirt and DCS #1 applied cream to his chest and trunk areas. At 6:20am, client #4 indicated he last washed his chest the night before.</p> <p>On 2/5/13 at 6:20am, Client #4's 2/2013 MAR (Medication Administration Record) was reviewed. Client #4's MAR indicated "Clindamycin Gel 1% (for severe Acne), topical, BID (twice daily), apply topically 2 times a day after first washing chest."</p> <p>On 2/6/13 at 1:05pm, client #4's record was reviewed. Client #4's 12/29/12 "Physician's Order" indicated "Clindamycin Gel 1% (for severe Acne),</p>	W0368	<p>W 368 Drug Administration</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · A medication practicum will be completed with DCS staff #1 and #4 by 3-27-13. · The medication policy #2130 and medication administration practices will be reviewed with all staff at their team meeting by 3-27-13. · Client #4 will be placed on a program to have him wash his chest area prior to applying his Clindamycin Gel 1% cream. · Client #5 will be placed on a program to have him wash his face prior to administering his Clindamycin Gel 1% cream. · Client #2 will be placed on a program to use his spacer for his inhaler when administering his 	03/27/2013			

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	<p>topical, BID (twice daily), apply topically 2 times a day after first washing chest."</p> <p>2. On 2/5/13 at 6:35am, DCS #1 selected client #5's topical medication Clindamycin Gel 1% cream, compared the medication to client #5's 2/2013 MAR, applied the cream to client #5's face, client #5 had not washed his face.</p> <p>On 2/5/13 at 6:55am, client #5's 2/2013 MAR was reviewed and indicated "Clindamycin Gel 1% (for Acne), topical, BID (twice daily), apply topically to affected areas (sic) face lightly after washing 2 times a day."</p> <p>On 2/6/13 at 1:30pm, client #5's 2012 "Physician's Order" indicated "Clindamycin Gel 1% (for Acne), topical, BID (twice daily), apply topically to affected areas face lightly after washing 2 times a day."</p> <p>3. On 2/6/13 at 4:05pm, DCS #4 selected client #2's Combivent Inhaler from the medication cart drawer, handed the inhaler to client #2, and prompted client #2 to inhale two (2) puffs from the inhaler in a row with no time lapse between puffs. No spacer (a tool used to calibrate a space between the inhaler and the mouth) was observed offered or encouraged. At 4:15pm, DCS #4</p>		<p>Combivent inhaler and to learn how to wait 2 minutes between each puff..</p> <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 medication policy #2130 and medication administration practices will be reviewed with all staff at their team meeting by 3-27-13. · Random medication practicums will be completed with staff to ensure that all staff are following the approved medication administration policy and practices. · The RC for the home will continue to monitor the individual's programmatic needs. As their needs change, revisions and/or additions will be made to the programming for the individual. <p>3. What measures will be put into place or what systemic changes will be made to</p>				

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	<p>indicated no spacer was used and client #2 was not prompted or taught to wait between puffs of medication.</p> <p>At 4:15pm, client #2's 2/2013 MAR was reviewed and indicated "Combivent Inhaler" for COPD (breathing difficulties) four times a day "Inhale 2 puffs by mouth 4 times per day, Shake well before using, avoid if allergic to peanuts, wait 2 minutes between puffs, use with spacer."</p> <p>On 2/6/13 at 10:30am, client #2's record was reviewed. Client #2's 11/12/12 "Physician's Order" indicated "Combivent Inhaler" for COPD (Chronic Obstructive Pulmonary Disease/breathing difficulties) and "Inhale 2 puffs by mouth 4 times per day, Shake well before using, avoid if allergic to peanuts, wait 2 minutes between puffs, use with spacer."</p> <p>On 2/6/13 at 2:27pm, the facility's 8/1/2004 "Medication Administration Policy" was reviewed and indicated "...H. Occazio employees will administer all medications according to directions prescribed by the physician."</p> <p>On 2/6/13 at 2:27pm, an interview with the Residential Coordinator (RC) #2 was conducted. RC #2 indicated the facility staff did not administer client #2, #4, and #5's medications according to each client's</p>		<p>ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · The medication policy #2130 and medication administration practices will be reviewed with all staff at their team meeting by 3-27-13. · Random medication practicums will be completed with staff to ensure that all staff are following the approved medication administration policy and practices. · The RC for the home will continue to monitor the individual's programmatic needs. As their needs change, revisions and/or additions will be made to the programming for the individual. <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 Program Specialist will monitor as they complete their audits. <p>5. What is the date by which</p>				

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	physician's order. 9-3-6(a)		the systemic changes will be completed? March 27 th , 2013		

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W0391	<p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review, and interview, for 1 of 21 medications administered at the morning medication administration time (client #5), the facility failed to ensure each medication was labeled.</p> <p>Findings include:</p> <p>On 2/5/13 at 6:35am, the facility's Direct Care Staff (DCS) #1 entered the medication room and selected client #5's unlabeled Testim 1% Gel from an unlabeled box of unlabeled tubes (28 tubes in box) which was in a double locked section of the medication cart. DCS #1 opened two tubes of Testim Gel 1%, and applied one tube of unlabeled medication on each of client #5's shoulders.</p> <p>On 2/5/13 at 6:55am, client #5's 2/2013 MAR (Medication Administration Record) indicated "Testim 1% Gel (for Acne), 50mg (milligrams), topical, scheduled medication, once daily, apply contents of 2 tubes topically to shoulders and/or upper arm, one tube each shoulder."</p>	W0391	<p>W 391 Drug Labeling</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · A medication practicum will be completed with DCS staff #1 by 3-27-13. · The medication policy #2130 and medication administration practices will be reviewed with all staff at their team meeting by 3-27-13. · Client #5's Testim 1% Gel will have appropriate labeling by the pharmacy. <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. 	03/27/2013			

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	<p>On 2/6/13 at 1:30pm, client #5's 2012 "Physician's Order" indicated "Testim 1% Gel (for Acne), 50mg (milligrams), topical, scheduled medication, once daily, apply contents of 2 tubes topically to shoulders and/or upper arm, one tube each shoulder."</p> <p>On 2/22/13 at 9:00am, an interview with the Site Director (SD) was conducted. The SD indicated client medication should have a pharmacy label on the medication. The SD indicated client #5's medication tubes were small and should have had something to indicate that each tube belonged to client #5.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> · The medication policy #2130 and medication administration practices will be reviewed with all staff at their team meeting by 3-27-13. · Random medication practicums will be completed with staff to ensure that all staff are following the approved medication administration policy and practices. · The pharmacy will ensure that all medications have proper labeling. <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 medication policy #2130 and medication administration practices will be reviewed with all staff at their team meeting by 3-27-13. · Random medication practicums will be completed with staff to ensure that all staff are following the approved medication administration policy and practices. · The pharmacy will ensure that all medications have proper labeling. 	

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			<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 Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed? March 27 th , 2013</p>		

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W0436	<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 on observation, record review, and interview, for 1 of 4 sampled clients (client #4) who had adaptive devices, the facility failed to supply, teach and encourage client #4 to use a communication book.</p> <p>Findings include:</p> <p>During observations on 2/5/13 from 5:55am until 8:00am and on 2/5/13 from 3:10pm until 5:55pm, at the group home, client #4 was not prompted and was not encouraged to use his communication book.</p> <p>Client #4's record was reviewed on 2/6/13 at 1:05pm. Client #4's 5/2/12 ISP (Individual Support Plan) included a goal/objective to use his communication book to communicate.</p> <p>An interview with the Residential Coordinator (RC) #2 was conducted on 2/6/13 at 2:27pm. At 2:27pm, RC #2 indicated client #4 should be supplied a communication book and he should be</p>	W0436	<p>W 436 Space and Equipment</p> <p>The facility must furnish, maintain in food 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>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #4 will be put on programming to encourage him to utilize his communication book for his communication needs. · Staff will be retrained during their team meeting on the importance of ensuring adaptive equipment is available, in good repair and to encourage the residents to utilize the equipment by 3-27-13 	03/27/2013			

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	<p>taught and encouraged during formal and informal opportunities to use the communication book to make his wants/needs known to staff.</p> <p>9-3-7(a)</p>		<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. · Staff will be retrained during their team meeting on the importance of ensuring adaptive equipment is available, in good repair and to encourage the residents to utilize the equipment by 3-27-13. · The residents IPOP assessments will be reviewed and updated as their needs change. · Programming will be implemented based on the residents assessments and as their needs change. <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"> · Staff will be retrained during their team meeting on the importance of ensuring adaptive equipment is available, in good repair and to encourage the residents to utilize the equipment 		

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			<p>by 3-27-13</p> <ul style="list-style-type: none"> · The residents IPOP assessments will be reviewed and updated as their needs change. · Programming will be implemented based on the residents assessments and as their needs change. <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 Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>March 27 th , 2013</p>		

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, 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 staff failed to teach and encourage clients to use sanitary methods when opportunities existed.</p> <p>Finding include:</p> <p>During observations on 2/5/13 from 5:55am until 8:00am, clients #1, #2, #3, #4, #5, #6, #7, and #8 packed their lunches, set the table for breakfast, completed their morning medication administration with Direct Care Staff (DCS) #1, and ate their breakfast. No handwashing was observed taught or encouraged.</p> <p>During observations on 2/5/13 from 3:10pm until 5:55pm, clients #1, #2, #3, #4, #5, #6, #7, and #8 were at the group home. From 3:10pm until 4:40pm, clients #1, #2, #3, #4, #5, #6, #7, and #8 assembled their snacks, sat at the dining room table with facility staff, consumed their snacks of cookies, animal crackers, and apple slices with their hands, and no handwashing was taught or encouraged.</p>	W0455	<p>W 455 Infection Control</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Clients #1-#8 will be placed on programming for washing their hands and ensuring proper hygiene practices. · Staff will be retrained during their team meeting on the importance of ensuring the residents use proper hygiene while setting the table, preparing meals, during medication administration, eating snacks, etc. by 3-27-13. <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 	03/27/2013			

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	<p>From 3:35pm until 5:20pm, client #1 left the group home with DCS #2 for a physical therapy appointment. From 4:40pm until 5:20pm, clients #2, #3, #4, #5, #6, #7, and #8 cooked, set the table, played Wii games, colored with crayons, and no handwashing was taught or encouraged. At 5:20pm, clients #2, #4, #5, and #7 washed their hands. From 5:20pm until 5:55pm, clients #1, #3, #6, and #8 did not wash their hands. At 5:20pm, client #6 cooked and poured cooked carrots into a serving dish with DCS #3. Client #3 poured drinks into glasses at the dining room table. Clients #1 and #8 poured their drinks at the dining room table. Client #1 took bread out of the bag, placed the bread on a plate, and carried the plate to the table. No handwashing was taught or encouraged by the facility staff. At 5:48pm, clients #1, #3, #6, and #8 served themselves and consumed their evening meal.</p> <p>An interview with the Residential Coordinator (RC) #2 was conducted on 2/6/13 at 2:00pm. At 2:00pm, RC #2 indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 should have been taught and encouraged to wash their hands during formal and informal opportunities. RC #2 indicated clients should have followed good sanitary practices to wash their hands.</p>		<p>same deficient practice.</p> <ul style="list-style-type: none"> · Staff will be retrained during their team meeting on the importance of ensuring the residents use proper hygiene while setting the table, preparing meals, during medication administration, eating snacks, etc. by 3-27-13. · The residents IPOP assessments will be reviewed and updated as their needs change. · Programming will be implemented based on the residents assessments and as their needs change. <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"> · Staff will be retrained during their team meeting on the importance of ensuring the residents use proper hygiene while setting the table, preparing meals, during medication administration, eating snacks, etc. by 3-27-13 · The residents IPOP assessments will be reviewed and updated as their needs change. 				

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	<p>Client #1's record was reviewed on 2/6/13 at 12:10pm. Client #1's 11/13/12 ISP (Individual Support Plan) indicated she had the skill to wash her hands.</p> <p>Client #2's record was reviewed on 2/6/13 at 10:30am. Client #2's 8/2/12 ISP indicated he had the skill to wash his hands.</p> <p>Client #3's record was reviewed on 2/6/13 at 9:55am. Client #3's 3/6/12 ISP indicated she had the skill to wash her hands.</p> <p>Client #4's record was reviewed on 2/6/13 at 1:05pm. Client #4's 5/2/12 ISP indicated he had the skill to wash his hands.</p> <p>9-3-7(a)</p>		<ul style="list-style-type: none"> · Programming will be implemented based on the residents assessments and as their needs change. <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 Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>March 27th, 2013</p>		