

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G353	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/24/2014
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: February 19, 20, 21 and 24, 2014.</p> <p>Surveyor: Kathy Wanner, QIDP</p> <p>Facility Number: 000869 Provider Number: 15G353 AIMS Number: 100244230</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 28, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>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 to provide operating direction over the facility by failing to replace/repair the sofa in the living room and repair the walls in the hallway of the group home where 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 of 4 additional clients (clients #5, #6, #7 and #8) lived.</p>	W000104	<p><b>W 104 Governing Body</b> The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· A request has been made to purchase a new sofa for the home and it will be ordered.</li> <li>· A maintenance request for the repairs will be submitted to the</li> </ul>	03/26/2014

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>Findings include:</p> <p>Observations of the group home where clients #1, #2, #3, #4, #5, #6, #7 and #8 lived were completed on 2/20/14 at 7:40 A.M. The sofa in the living room was torn at the seams of the cushions. One rip was 24" (24 inches) in length on the front of the cushion, one was 10" in length and the third rip was 2" in length. The corners of the front and back hallways had plaster damage which had been patched, but were not sanded or painted.</p> <p>Client #8 was interviewed on 2/19/14 at 5:01 P.M. When asked if the sofa was torn and needed to be replaced, client #8 stated, "Oh yeah."</p> <p>Direct Care Staff (DCS) #3 was interviewed on 2/20/14 at 7:42 A.M. When asked if the sofa and walls had been damaged very long, DCS #3 stated, "It hasn't been real long, but long enough they should have been repaired."</p> <p>The Area Residential Director (ARD) was interviewed on 2/21/14 at 10:08 A.M. When asked about the sofa and damaged walls the ARD indicated they should be repaired.</p> <p>9-3-1(a)</p>		<p>maintenance department by the PD to address the maintenance concerns within the group home.</p> <ul style="list-style-type: none"> <li>· The identified maintenance needs for the home will be scheduled to be completed.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The maintenance director will help identify maintenance concerns within the group homes.</li> <li>· The Program Director will continue to report all maintenance concerns using the monthly maintenance form.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The maintenance director will help identify maintenance concerns within the group homes.</li> <li>· The Residential Coordinators will continue to report all maintenance concerns using the monthly maintenance form.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The PD will monitor on a daily basis when they are in the</li> </ul>				

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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to include specific criteria as part of a plan of reduction for each medication used for the management or elimination of behaviors and/or symptoms of diagnoses as indicated in 2 of 3 sampled clients (clients #3 and #4) who were prescribed medications for management of behaviors.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 2/20/14 at 2:28 P.M. Client #3's Physician's Orders (PO) dated for January 2014 indicated he was</p>	W000312	<p>home.</p> <ul style="list-style-type: none"> <li>The Area Director will monitor as they complete their audits.</li> <li>The Maintenance Director will monitor as he is in the home.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> March 26th, 2014</p> <p><b>W 312 Drug Usage</b> Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>Client #3 and #4's BSP's will be revised to include the specific behaviors the medications are prescribed to address, to indicate specific criteria which needed to be achieved to consider possible medication reductions and to indicate how each of the medications' effectiveness could be determined.</li> </ul>	03/26/2014	

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	<p>prescribed Sertraline (anti-depressant), Depakote (mood stabilizer), Abilify (anti-psychotic), and Zyprexa (anti-psychotic). Client #3's Behavior Support Plan (BSP) dated 9/16/13 indicated he had the targeted behaviors of anxiety, verbal aggression, physical aggression, self-injurious behaviors/SIB, depression, sexual aggression, suicidal ideation and property misuse. Client #3's BSP indicated "When the data reflects the stabilization of symptoms (5 of (sic) fewer incidents of agitation, 5 or fewer incidents of anxiety, 3 or fewer incidents of property misuse, 0 incidents of physical aggression, 0 incidents of sexual aggression, 0 incidents of depressive symptoms and 0 incidents of SIB) for 3 consecutive months immediately prior to the psychiatric review, the IDT (interdisciplinary team) will consider a decrease/alternative medication." Client #3's BSP did not indicate specific behaviors Sertraline, Depakote, Abilify, and Zyprexa were prescribed to address. Client #3's BSP did not indicate specific criteria which needed to be achieved for Sertraline, Depakote, Abilify, and Zyprexa to be considered for possible reductions. Client #3's BSP did not indicate how each of the medications' effectiveness could be determined.</p>		<p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· All of the client's BSP's will be reviewed to ensure that specific medication plans of reduction are included.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· All of the client's BSP's will be reviewed to ensure that specific medication plans of reduction are included.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The PD will monitor on a daily basis when they are in the home.</li> <li>· The Area Director will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> March 26th, 2014</p>		

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	<p>Client #4's record was reviewed on 2/20/14 at 2:59 P.M. Client #4's Physician's Orders (PO) dated for January 2014 indicated he was prescribed Buspar (anti-depressant/anti-anxiety), Abilify (anti-psychotic), and Inderal (beta-blocker). Client #4's Behavior Support Plan (BSP) dated 1/3/13 indicated he had the targeted behaviors of anxiety, agitation, non-compliance and socially inappropriate behaviors. Client #4's BSP indicated "When the data reflects the stabilization of symptoms (3 of (sic) fewer incidents of agitation, 5 or fewer incidents of non-compliance, 3 or fewer incidents of anxiety and 3 or less incidents of inappropriate social behavior) for 3 consecutive months immediately prior to the psychiatric review, the IDT (interdisciplinary team) will consider a decrease/alternative medication." Client #4's BSP did not indicate specific behaviors Buspar, Abilify and Inderal were prescribed to address. Client #4's BSP did not indicate specific criteria which needed to be achieved for Buspar, Abilify, and Inderal to be considered for possible reductions. Client #4's BSP did not indicate how each of the medications effectiveness could be determined.</p> <p>An interview was conducted with the</p>			

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	<p>Regional Residential Director on 2/21/14 at 10:38 A.M. When asked about plans of reduction for behavior medication, the RRD indicated she could see if there are different types of medications prescribed it would be difficult to determine which was being effective. The RRD stated, "The Behavior plans were not written listing a specific medication for reduction."</p> <p>9-3-5(a)</p>			