

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 05/07/2015
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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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W 000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: April 29, 30, May 1, 6 and 7, 2015</p> <p>Facility Number: 000869 Provider Number: 15G353 AIMS Number: 100244230</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p>	W 000		
W 312 Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <p>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 the use of all medications prescribed for 1 of 3 sampled clients who were prescribed psychotropic medications for behavior</p>	W 312	<p>W 312 Drug Usage</p> <p>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</p>	06/06/2015

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>control (client #2) into his Behavioral Support Plan (BSP) and to include a plan of reduction for the behaviors for which the medication was prescribed.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 4/30/15 at 3:53 P.M. Client #2's Physician's Orders dated 4/21/15 to 7/21/15 indicated client #2 was prescribed the following medications to assist him with behavior control, Risperdal (anti-psychotic), Melatonin (sleep cycle regulator), and Duloxetine (anti-depressant). Client #2's BSP dated 3/31/15 indicated the use of Risperdal was "To help [client #2] cope with his behavioral issues." Client #2's BSP did not include the use of Melatonin and Duloxetine, or indicate what specific behaviors these medications were to address.</p> <p>An interview was conducted with the Area Director (AD) on 5/1/15 at 11:35 A.M. The AD stated, "There is only one medication listed. They all should be included with a plan of reduction."</p> <p>9-3-5(a)</p>		<p>reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #2's BSP will be revised to include the use of Duloxetine and Melatonin. · Client #2's BSP 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. <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. · All of the client's BSP's will be reviewed to ensure that specific medication plans of reduction are included. · The Behavior Clinician and/or the Program Director will review the BSP's bi-monthly to ensure that all prescribed psychotropic medications are included in each resident's plans. · The Behavior Clinician and/or the Program Director will update the BSP's after the resident's psychiatry appointments when medication changes have taken place. 	

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W 336	483.460(c)(3)(iii)		<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"> · All of the client's BSP's will be reviewed to ensure that specific medication plans of reduction are included. · The Behavior Clinician and/or the Program Director will review the BSP's bi-monthly to ensure that all prescribed psychotropic medications are included in each resident's plans. · The Behavior Clinician and/or the Program Director will update the BSP's after the resident's psychiatry appointments when medication changes have taken place. <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 PD will monitor after changes are made in a psychiatry appointment and bi-monthly. · The Area Director will monitor as they complete their supervisory visits. · The Behavior Clinician will review after changes are made in a psychiatry appointment and bi-monthly. <p>5. What is the date by which the systemic changes will be completed? June 6th, 2015</p>	

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Bldg. 00	<p>NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview, the facility's nursing services failed to complete nursing quarterly examination for 2 of 4 sampled clients (clients #1 and #3) who were not in need of a medical care plan.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 4/30/15 at 3:15 P. M. Client #1's record indicated he was not in need of a medical plan of care. Client #1's record indicated the facility nurse had completed quarterly examinations on 6/12/14, 10/31/14 and 4/14/15. Client #1 had his annual physical completed on 4/24/15.</p> <p>Client #3's record was reviewed on 4/30/15 at 4:36 P. M. Client #3's record indicated he was not in need of a medical plan of care. Client #3's record indicated the facility nurse had completed quarterly examinations on 12/8/14, 1/21/15 and 4/21/15. Client #3 had his annual physical completed on 1/20/15.</p> <p>An interview was conducted with the</p>	W 336	<p>W 336 Nursing Services</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #1 and #3 will have quarterly nursing assessments, or more often if needed. · The Program Coordinator will be retrained on the need to schedule and follow through with nursing assessments at least quarterly. <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 individuals have the potential to be affected by the same deficient practice. · All clients will have quarterly nursing assessments, or more often if needed. · The Program Coordinator will be retrained on the need to schedule and follow through with nursing assessments at least quarterly. 	06/06/2015
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	Area Director (AD) on 5/1/15 at 11:32 A.M. The AD indicated both client #1 and client #3 were missing a nursing quarterly examination for the past year. 9-3-6(a)		<ul style="list-style-type: none"> · The nurse will monitor as they complete their quarterly appointment audits. · The nurse will complete monthly health care reports to help monitor for medical concerns. <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"> · All clients will have quarterly nursing assessments, or more often if needed. · The Program Coordinator will be retrained on the need to schedule and follow through with nursing assessments at least quarterly. · The nurse will monitor as they complete their quarterly appointment audits. · The nurse will complete monthly health care reports to help monitor for medical concerns. <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 Program Coordinator will monitor on a daily basis when they are in the home. · The Program Director will monitor as they complete their audits. · The nurse will monitor as they complete their monthly health care reports and quarterly appointment audits. 		

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W 440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to hold evacuation drills at least quarterly on the evening shift at the group home where 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 of 3 additional clients (clients #5, #6 and #7) lived.</p> <p>Findings include:</p> <p>Facility evacuation drills held at the group home where 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 of 3 additional clients (clients #5, #6 and #7) lived for the past year were reviewed on 4/29/15 at 4:02 P.M. The second shift drills were held on 8/7/14 at 7:00 P.M., 11/10/14 at 7:06 P.M. and on 2/18/15 at 5:30 P.M.</p> <p>An interview was conducted with the Area Director (AD) on 4/30/15 at 2:05 P.M. The PD stated, "We found more drills, but we are still missing one for this month's evening shift. We gave you what we had."</p>	W 440	<p>5. What is the date by which the systemic changes will be completed? June 6th, 2015</p> <p>W 440 Evacuation Drills The facility must hold at least quarterly drills for each shift of personnel.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · A schedule identifying when each emergency drill should be ran has been implemented. · The Program Coordinator will receive training on the emergency drill tracking. · The importance of ensuring emergency drills are ran each month for the appropriate time period will be completed at the staff meeting. · A drill from 4:00pm to 12:00 am will be completed. · The Program Director will monitor the emergency drills monthly. <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. 	06/06/2015

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	<p>An interview was conducted with the Area Director (AD) on 5/1/15 at 11:32 A.M. When asked how often evacuation drills should be held, the AD stated, "Monthly for us, but at least each shift each quarter." The AD indicated they were missing an evacuation drill for second shift.</p> <p>9-3-7(a)</p>		<ul style="list-style-type: none"> · A schedule identifying when each emergency drill should be ran has been implemented. · The Program Coordinator will receive training on the emergency drill tracking. · The importance of ensuring emergency drills are ran each month for the appropriate time period will be completed at the staff meeting. · A drill from 4:00 pm to 12:00 am will be completed. · The Program Director will monitor the emergency drills monthly. · Quarterly Health and Safety assessments will be completed. The assessment includes ensuring evacuation drills are completed as scheduled. <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"> · A schedule identifying when each emergency drill should be ran has been implemented. · The Program Coordinator will receive training on the emergency drill tracking. · The importance of ensuring emergency drills are ran each month for the appropriate time period will be completed at the staff meeting. · A drill from 4:00 pm to 12:00 am will be completed. · The Program Director will monitor the emergency drills monthly. 	

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			<ul style="list-style-type: none"> · Quarterly Health and Safety assessments will be completed. The assessment includes ensuring evacuation drills are completed as scheduled. <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 Program Coordinator will monitor monthly after each drill is to be ran to ensure completion. · The Program Director will monitor on a monthly basis and during monthly supervisory visits. · The Quality Assurance Specialist will monitor as the quarterly health and safety assessments are completed. <p>5. What is the date by which the systemic changes will be completed? June 6th, 2015</p>		