

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
W000000	<p>This visit was for the investigation of complaint #IN00139727.</p> <p>Complaint #IN00139727: SUBSTANTIATED, Federal and State deficiencies related to the allegation are cited at W149, W153, W154, W157, and W289.</p> <p>Dates of Survey: 11/26, 11/27, 12/2, 12/6, 12/9, 12/13, and 12/16/2013.</p> <p>Provider Number: 15G337 AIM Number: 100244120 Facility Number: 000855</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/19/13 by Ruth Shackelford, QIDP.</p>	W000000					
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview, for 3 of 6 BDDS (Bureau of Developmental Disabilities Services)</p>	W000149	W 149 Staff Treatment	01/15/2014			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	<p>reports reviewed (clients A and D), the facility neglected to implement their policy and procedure to immediately report an allegation of mistreatment for client D to BDDS and to the administrator in accordance with state law, and the facility neglected to accurately report, investigate, and implement sufficient corrective action regarding client A's incidents of physical aggression and neglected to supervise client A according to his identified behavioral needs.</p> <p>Findings include:</p> <p>1. (a) On 11/26/13 at 10:55am, the facility's BDDS Reports and investigations were reviewed from 08/1/13 through 11/26/13. -A 11/4/13 BDDS report for an incident on 11/3/13 at 6:30pm, indicated Group Home Staff (GHS) #2 "redirected [client A] and [client A] got upset and was physically aggressive towards staff. The Police were called and [client A] was taken to the ER (Emergency Room) for his health and safety." The report indicated GHS #2 was suspended pending the outcome of the investigation. The report did not indicate if GHS #2 filed criminal charges against client A. The report did not document corrective action.</p>		<p>of Clients</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>What corrective action will be accomplished?</p> <p>Staff will receive additional training regarding abuse, neglect and exploitation; peer to peer incidents; and injuries of unknown origin; along with the reporting process into these allegations during their team meeting. PD will ensure investigations are completed and reported to the administration within 5 business days. Staff will be retrained on Handle with</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>-The 11/11/13 Follow up BDDS report to the incident on 11/3/13 indicated GHS #2 "was suspended because [client A] accused [GHS #2] of placing him in a headlock." The follow up report indicated client A was admitted on 11/3/13 to the hospital behavioral center. The follow up report indicated "No one seen (sic) [GHS #2] put [client A] in a headlock or even attempt to restrain [client A] himself, restraint is in [client A's] plan and fellow staff members reported (they were) attempting to restrain [client A] while [GHS #2] escaped his attack but the clients and staff report [client A] was too strong for the staff to restrain so [client A] got out (of the restraint) and attempted to go to his room before turning around and going after [GHS #2] again. [GHS #2] was injured during the attack, [client A] sustained a scratch to his temple and cheek during the attack..." The report did not document corrective action. The report did not include GHS #2's injuries and did not indicate GHS #2 filed criminal charges against client A.</p> <p>-The 11/25/13 Follow up BDDS report to the incident on 11/3/13 indicated client A was discharged from the agency's services on 11/18/13 and remained at the hospital behavioral</p>		<p>Care.All client BSPs will be reviewed. They will be revised if needed. Police involvement will be added if necessary.Staff will be retrained on all clients BSPs.All BSP's that include the use of the HWC restraint will have pictures and instructions added to effectively explain the restraint utilized.The PD will ensure that all incidents of abuse and neglect are reported to BDDS timely. Programming will be implemented for Client D regarding reporting abuse and neglect, using the resident complaint process and resident rights.Client A has been discharged from Occazio services.Training was completed on 12-27-13 with the QIDP/PD's regarding incident reporting and leveling of incidents according to Mentor practices.In the event that there is a behavioral incident in which police are involved the incident will be investigated.In the event that there is a behavioral incident</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	center. On 11/26/13 at 10:55am, a review of the facility's 11/3/13 at 6:30pm "GER (General Event Report)" was conducted. The 11/3/13 GER report indicated client A "stated that staff was calling him a name. All three (3) staff tried to tell [client A] that he had misunderstood and that staff was not calling him a name... [client A stated he] was going to kick [GHS #2's] butt." The report indicated client A "kept getting closer to [GHS #2] stating he wasn't going to call him a name." The report indicated client A began to "attack" GHS #2 and the "staff was putting dishes away...(putting the drinks in the frig (refrigerator)." The report indicated GHS #2 tried to walk away "when [client A] kept attacking him. Another staff began to pull [client A] off of [GHS #2]...[GHS #2] got attacked (then) walked into the office with [client A] following him." The report indicated two other staff tried to restrain client A and "[Client A] kept scuffling with the two staff...[Client A] went into his bedroom and stated he was leaving. [Client A] stated he was going to turn himself in and staff followed [client A] down the road while speaking with police." The report indicated police took client A to the hospital. The report did not document corrective		in which police are involved the IDT will meet to discuss the incident and determine if any changes need to be made to the individuals BSP. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). QIDP/PD's will be trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training come from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH.HM, PD's and AD will complete a competency test regarding abuse, neglect and exploitation investigations and their roles. The AD, Quality Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>action. The report did not indicate GHS #2 filed criminal charges against client A. The report did not indicate if client A's BSP was reviewed and/or revised.</p> <p>1.(b) On 11/26/13 at 10:55am, the facility's BDDS Reports and investigations were reviewed from 08/1/13 through 11/26/13.</p> <p>-A 10/11/13 BDDS report for an incident on 10/10/13 at 9:05pm, indicated client A "was at the group home having a behavior." The report indicated client A "became agitated with [GHS #1] when [GHS #1] began logging the long distance phone calls from the house phone into the call log. [Client A] stated he did not want her to log the calls." The report indicated GHS #1 explained she had to put them on the call log according the the company policy. The report indicated client A went to his room "and came out a few minutes later and grabbed the phone and threw it across the room, then started cursing staff and putting his finger in [GHS #1's] face." The report indicated staff "attempted to calm [client A], but [client A] struck the staff in the gut and again in the face with his open hand. Other staff intervened and [client A] still continued to go after the staff member. A third staff started getting the other clients to safety and [client A] came</p>		<p>recommendations being carried out.Support Staff, HM, QIDP/PD's and AD will</p> <p>complete a competency test regarding the investigation process for unknown</p> <p>injuries, falls and peer to peer investigations.Retrain Support Staff and QIDP/PD's on Occazio's</p> <p>policy #2105 abuse, neglect, exploitation.In the event that the QIDP/PD, HM or AD find out</p> <p>there is pending charges pressed against a client that staff is involved in,</p> <p>the staff will be transferred immediately from the home.A resident meeting will be completed with the</p> <p>residents in the home to review their rights, the resident complaint process</p> <p>and process for reporting abuse, neglect and exploitation.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>after [GHS #1] again swinging at [GHS #1] but not contacting [GHS #1]. The third staff called the police when other clients were safe...The officer took a statement from the staff and one from [client A]. [Client A] told the officer he did hit the staff because he hates this companies stupid policies (sic)." The report indicated client A told the officer "he did not care" that he (client A) should not hit people. The report indicated GHS #1 stated to the police "yes" she wanted to press charges against client A. The report indicated client A was handcuffed, read his rights, and taken to the hospital behavioral health center. The report did not document corrective action. The report did not indicate GHS #1 was suspended and/or if an investigation was initiated. The report did not indicate if client A's BSP was reviewed and/or revised.</p> <p>-The 10/15/13 Follow up BDDS report indicated client A was discharged back to the group home on 10/11/13. The report did not indicate if client A's BSP was reviewed and/or revised. The report did not indicate GHS #1 continued to work in the group home to supervise client A after the 10/10/13 incident where she pressed criminal charges against client A.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>-The 10/27/13 Follow up BDDS report indicated the agency "still has not heard at this time if charges will be pursued against [client A]."</p> <p>-The 11/5/13 Follow up BDDS report indicated "The Prosecutor's office called...today and reported the case against [client A] will be dropped. The prosecutor did not offer a reason as to why this was being dropped."</p> <p>On 11/26/13 at 10:55am, a review of the facility's 10/10/13 at 8:40pm, "GER (General Event Report)" was conducted. The 10/10/13 GER report indicated "after taking his medications took the company cell phone to make a phone call to a friend. [Client A] came out of his bedroom into the living room where staff was at. [Client A] started yelling about one of his roommates erased phone numbers out of the cell phone. Staff redirected [client A] by telling him that staff not his roommates removed the numbers. [Client A] returned to his bedroom and moments later returned to the living room and got into [GHS #1's] face yelling and cursing about the cell phone again. [GHS #1] stood up to remove herself from the situation but got distracted by another client that was walking into the living room and yelling at [client A]. While staff was looking at</p>		<p>How will we identify other residents having</p> <p>the potential to be affected by the same deficient practice and what corrective</p> <p>action will be taken?</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>the other client [client A] slapped [GHS #1] across the stomach. As soon as [client A] slapped [GHS #1] [client A] took off for his bedroom." The report indicated GHS #1 called the QIDP (Qualified Intellectual Disabilities Professional), the GHM (Group Home Manager), and the police and "Once the police arrived [client A] was read his rights, cuffed, and taken to the hospital."</p> <p>On 11/26/13 from 3:45pm until 5:15pm, observation and interviews were conducted at the group home. Client A was not present and GHS #1 was present. At 4:35pm, GHS #1 was observed to be six feet tall. GHS #1 stated "I did file charges" against client A. GHS #1 stated client A had been "asleep, then took his meds (medications), and wanted to use the phone." GHS #1 indicated client A got angry after GHS #1 told client A she had deleted the phone numbers in the cell phone. GHS #1 stated client A "slapped (her) with an open hand across the stomach" area of the body then client A ran to his bedroom. GHS #1 indicated client A then opened the door to his room, came out into the hallway, and began to yell at GHS #1. GHS #1 stated client A walked down the hallway yelling and she got up and began to "chase" client A back down the hallway</p>		<p>All residents have the potential to be affected</p> <p>by the same deficient practice.The PD/QIDP will monitor the residents</p> <p>programming and behavior needs on a regular basis. As their needs change or new</p> <p>concerns are identified, changes will be reflected in their programming, ISP</p> <p>and behavior plan.All clients will be placed on programming for</p> <p>reporting abuse and neglect, resident rights and the resident complaint</p> <p>process.Staff will receive additional training regarding</p> <p>abuse, neglect and exploitation; peer to peer incidents; and injuries of</p> <p>unknown origin; along with the reporting process into these allegations during</p> <p>their team meeting.PD will ensure investigations are completed and</p> <p>reported to the administration within 5 business days.Staff will be retrained on Handle with Care.All client BSPs will be reviewed. They will be</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>into his bedroom. GHS #1 indicated she had a small bruise on her hip from the incident. GHS #1 stated she hit her hip area on the chest of drawers kept in the hallway when she was "chasing" client A. GHS #1 indicated she was unsure if that caused her injury or client A hitting her earlier. GHS #1 indicated she called the QIDP and the police regarding the incident from the group home.</p> <p>On 11/26/13 at 3:45pm, an interview with the QIDP was conducted. The QIDP indicated client A had a known history of physical aggression before admitted to the group home in 2012. The QIDP indicated the staff was not retrained on client A's BSP (Behavior Support Plan) until after the 10/10/13 incident. The QIDP indicated the agency and/or the group home have not implemented training with the police in regards to client A's identified behavioral needs. The QIDP indicated he (the QIDP) told the staff to call the police. The QIDP indicated client A's BSP did not include police involvement and/or when to call the police. The QIDP stated "both" GHS #1 and GHS #2 "were filing (criminal) charges against [client A]." When asked if it was acceptable to file criminal charges against a client with a "known behavior," the QIDP stated "they (the</p>		<p>revised if needed. Police involvement will be added if necessary. Staff will be retrained on all clients BSPs. All BSP's that include the use of the HWC</p> <p>restraint will have pictures and instructions added to effectively explain the</p> <p>restraint utilized. The PD will ensure that all incidents of abuse</p> <p>and neglect are reported to BDDS timely. Training was completed on 12-27-13 with the</p> <p>QIDP/PD's regarding incident reporting and leveling of incidents according to</p> <p>Mentor practices. In the event that there is a behavioral incident</p> <p>in which police are involved the incident will be investigated. In the event that there is a behavioral incident</p> <p>in which police are involved the IDT will meet to discuss the incident and</p> <p>determine if any changes need to be made to the individuals BSP. Retrain QIDP regarding BDDS reporting</p> <p>requirements and survey regulations as they relate to incident reporting (W149,</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>staff) did." The QIDP indicated GHS #2 was suspended pending an investigation after the 11/3/13 incident. The QIDP stated GHS #1 "continued" to work at the group home with client A in the group home on 10/10, 10/11, 10/14, 10/15, 10/16, 10/17, 10/18, 10/21, 10/22, 10/23, 10/24, and 10/25/13. The QIDP stated GHS #1 "filed" criminal charges on 10/10/13 and was transferred to another group home on 10/25/13 per her request. The QIDP indicated client A's BSP was not reviewed and/or revised after his behavioral incidents. The QIDP stated there was "no" corrective action taken for the 10/10/13 or the 11/3/13 incidents.</p> <p>2. On 11/26/13 at 10:55am, the facility's BDDS Reports and investigations were reviewed from 08/1/13 through 11/26/13.</p> <p>-A 11/9/13 BDDS report for an incident on 11/3/13 at 11:00am, indicated client D was "afraid of his peer in the group home" because client A had flipped him in the "private area with a towel and thought it was funny." The report indicated client D did not report the incident earlier "because he was scared."</p> <p>-The 11/7/13 "GER" report indicated on 11/7/13 at 1:00pm, client D reported he was "hit on (the) buttocks and in (the)</p>		<p>W153, W154, W155, W156 and W157).QIDP/PD's will be trained on the components of</p> <p>an investigation to ensure that all components are completed and processes are</p> <p>followed. Materials for a portion of this training come from the "Components of</p> <p>a Thorough Investigation" presented by Steve Corya, ISDH.HM, PD's and AD will complete a competency test</p> <p>regarding abuse, neglect and exploitation investigations and their roles.The AD, Quality Specialist or their designee</p> <p>will review and sign off on all abuse, neglect and exploitation investigations</p> <p>that are completed to ensure that the investigation is thorough prior to the</p> <p>recommendations being carried out.Support Staff, HM, QIDP/PD's and AD will</p> <p>complete a competency test regarding the investigation process for unknown</p> <p>injuries, falls and peer to peer investigations.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>private area (by) a peer flipping a towel." The report indicated no injury was identified.</p> <p>Client A's record was reviewed on 11/26/13 at 11:30 AM. Client A's 10/31/13 ISP (Individual Support Plan) and 9/15/2013 Behavior Support Plan (BSP) both indicated client A was verbal, had behaviors of physical aggression, OCD (Obsessive Compulsive Disorder), AWOL (Absent without Leave), Suicidal Ideation, non compliance, and constant talking when admitted to the group home. Client A's record indicated he had a court ordered guardian who was his mother. Client A's BSP indicated the following for physical aggression: "Description: Physical Aggression/verbal aggression. 1. Offer prompt to stop and go to a separate area...2. If [client A] refuses to calm down and his physical aggression escalates. [Client A] may be placed in a physical restraint as taught in Handle with Care may be applied to protect [client A] and others. The restraint should be released as soon as [client A] is calm...3. Once calm, provide praise for any attempts at reconciliation...." Client A's BSP did not have a written name and/or the description of which approved restraint was to have been applied. Client A's BSP did not include</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>police interventions and/or when to call the police.</p> <p>On 11/26/13 at 3:45pm, an interview with the QIDP was conducted. The QIDP indicated client A had a known history of physical aggression before being admitted to the group home in 2012. The QIDP indicated client D's 11/3/13 allegation was not reported to the administrator until client D's counseling appointment on 11/7/13. The QIDP indicated client D's 11/3/13 allegation was not reported to BDDS until 11/9/13. The QIDP indicated client D's 11/3/13 allegation was not reported timely according to State Law. The QIDP indicated client A's BSP did not include a written description of the restraint taught to staff in the agency's Handle with Care. The QIDP indicated the restraint to have been used was a PRT (Primary Restraint Technique). The QIDP indicated staff were to stand behind client A, lock staff's arms around each of client A's arms from behind, and place the palms of staff's hands in the center of client A's back.</p> <p>On 11/26/13 at 11:30 AM, a review was completed of the 10/2005 "Bureau of Developmental Disability Services Policy and Guidelines." The BDDS policy and procedure indicated</p>		<p>Retrain Support Staff and QIDP/PD's on Occazio's</p> <p>policy #2105 abuse, neglect, exploitation. In the event that the QIDP/PD, HM or AD find out</p> <p>there is pending charges pressed against a client that staff is involved in,</p> <p>the staff will be transferred immediately from the home.A resident meeting will be completed with the residents</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>"...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse by anyone including but not limited to: facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual."</p> <p>On 11/26/13 at 11:30am, the facility's 1/1/2011 "Suspected Abuse, Neglect & Exploitation Reporting" Policy was reviewed. The policy indicated "Occazio, Inc. will not tolerate mistreatment, abuse, neglect, or exploitation or have a reason to believe that abuse, neglect, or exploitation has occurred, must report the incidents to their immediate supervisor." The policy indicated "Physical Abuse - any violent or physical act which may injure a person. Some examples include but are not limited to: striking, dragging, shoving, kicking, punching, and deprivation. Physical abuse also includes the use of corporal punishment and any unauthorized restrictive intrusive procedure to control behavior,</p>		<p>in the home to review their rights, the resident complaint process and process</p> <p>for reporting abuse, neglect and exploitation.</p> <p>What measures will be put into place or</p> <p>what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>The PD/QIDP will monitor the residents</p> <p>programming and behavior needs on a regular basis. As their needs change or new</p> <p>concerns are identified, changes will be reflected in their</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>cause behavior, or punish...Neglect - failure to provide the proper care for a resident/consumer, in a timely manner, causing the resident/consumer undue physical or emotional stress or injury."</p> <p>This federal tag relates to complaint #IN00139727.</p> <p>9-3-2(a)</p>		<p>programming, ISP</p> <p>and behavior plan.All clients will be placed on programming for reporting abuse and neglect, resident rights and the resident complaint</p> <p>process.Staff will receive additional training regarding abuse, neglect and exploitation; peer to peer incidents; and injuries of</p> <p>unknown origin; along with the reporting process into these allegations during</p> <p>their team meeting.PD will ensure investigations are completed and reported to the administration within 5 business days.Staff will be retrained on Handle with Care.All client BSPs will be reviewed. They will be revised if needed. Police involvement will be added if necessary.Staff will be retrained on all clients BSPs.All BSP's that include the use of the HWC</p> <p>restraint will have pictures and instructions added to effectively explain the</p> <p>restraint utilized.The PD will ensure that all incidents of abuse</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>and neglect are reported to BDDS timely. Training was completed on 12-27-13 with the QIDP/PD's regarding incident reporting and leveling of incidents according to Mentor practices. In the event that there is a behavioral incident in which police are involved the incident will be investigated. In the event that there is a behavioral incident in which police are involved the IDT will meet to discuss the incident and determine if any changes need to be made to the individuals BSP. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). QIDP/PD's will be trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training come from the "Components of a Thorough Investigation"</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>presented by Steve Corya, ISDH.HM, PD's and AD will complete a competency test</p> <p>regarding abuse, neglect and exploitation investigations and their roles.The AD, Quality Specialist or their designee</p> <p>will review and sign off on all abuse, neglect and exploitation investigations</p> <p>that are completed to ensure that the investigation is thorough prior to the</p> <p>recommendations being carried out.Support Staff, HM, QIDP/PD's and AD will</p> <p>complete a competency test regarding the investigation process for unknown</p> <p>injuries, falls and peer to peer investigations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>Retrain Support Staff and QIDP/PD's on Occazio's policy #2105 abuse, neglect, exploitation. In the event that the QIDP/PD, HM or AD find out there is pending charges pressed against a client that staff is involved in,</p> <p>the staff will be transferred immediately from the home.A resident meeting will be completed with the residents in the home to review their rights, the resident complaint process and process</p> <p>for reporting abuse, neglect and exploitation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
			<p>How will the corrective action be monitored</p> <p>to ensure the deficient practice will not recur?</p> <p>The HM will monitor on a daily basis when they are in the home. The PD will monitor on a regular basis when they are in the home. The AD will monitor as they complete their audits. HM will monitor via monthly home observation to ensure behavior plans are being implemented. QIDP/PD will monitor via monthly home observation to ensure behavior plans are being implemented. The AD will monitor via home observations to ensure that behavior plans are being implemented. Abuse, neglect, mistreatment and exploitation investigations will be reviewed by the AD, Quality Specialist or their</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 6 BDDS (Bureau of Developmental Disabilities Services) reports reviewed (client D), the facility failed to immediately report an allegation of mistreatment for client D to BDDS and to the administrator in accordance with state law.</p> <p>Findings include: On 11/26/13 at 10:55am, the facility's BDDS Reports and investigations were reviewed from 08/1/13 through 11/26/13. -A 11/9/13 BDDS report for an incident on 11/3/13 at 11:00am, indicated client D was "afraid of his peer in the group home" because client A had flipped him in the "private area with a towel and thought it was funny." The report indicated client D did not report the incident earlier "because he was scared."</p>	W000153	<p>W 153 Staff Treatment of Clients</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>What corrective action will be</p>	01/15/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>-The 11/7/13 "GER (General Events Report)" report indicated on 11/7/13 at 1:00pm, client D reported he was "hit on (the) buttocks and in (the) private area (by) a peer flipping a towel." The report indicated no injury was identified.</p> <p>On 11/26/13 at 3:45pm, an interview with the QIDP was conducted. The QIDP indicated client D's allegation was not immediately reported to the administrator and to BDDS in accordance with state law.</p> <p>This federal tag relates to complaint #IN00139727.</p> <p>9-3-2(a)</p>		<p>accomplished?</p> <p>Staff will receive additional training regarding</p> <p>abuse, neglect and exploitation; peer to peer incidents; and injuries of</p> <p>unknown origin; along with the reporting process into these allegations during</p> <p>their team meeting.</p> <p>PD will ensure investigations are completed and</p> <p>reported to the administration within 5 business days. The PD will ensure that all incidents of abuse</p> <p>and neglect are reported to BDDS timely. Programming will be implemented for Client D</p> <p>regarding reporting abuse and neglect, using the resident complaint process and</p> <p>resident rights. Training was completed on 12-27-13 with the</p> <p>QIDP/PD's regarding incident reporting and leveling of incidents according to</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>Mentor practices. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). QIDP/PD's will be trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training come from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH.HM, PD's and AD will complete a competency test regarding abuse, neglect and exploitation investigations and their roles. The AD, Quality Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the recommendations being carried out. Support Staff, HM, QIDP/PD's and AD will</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>complete a competency test regarding the investigation process for unknown</p> <p>injuries, falls and peer to peer investigations. Retrain Support Staff and QIDP/PD's on Occazio's</p> <p>policy #2105 abuse, neglect, exploitation. A resident meeting will be completed with the</p> <p>residents in the home to review their rights, the resident complaint process</p> <p>and process for reporting abuse, neglect and exploitation. Training with QIDP/PD and HM regarding timely</p> <p>reporting. Timely as defined as: reported to administrator immediately, report</p> <p>filed to BDDS within 24 hours.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			How will we identify other residents having the potential to be affected by the same deficient practice and what corrective		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>action will be taken?</p> <p>All residents have the potential to be affected by the same deficient practice.</p> <p>All clients will be placed on programming for reporting abuse and neglect, resident rights and the resident complaint process.</p> <p>Staff will receive additional training regarding abuse, neglect and exploitation; peer to peer incidents; and injuries of unknown origin; along with the reporting process into these allegations during their team meeting.</p> <p>PD will ensure investigations are completed and reported to the administration</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>within 5 business days. The PD will ensure that all incidents of abuse</p> <p>and neglect are reported to BDDS timely. Training was completed on 12-27-13 with the</p> <p>QIDP/PD's regarding incident reporting and leveling of incidents according to</p> <p>Mentor practices. Retrain QIDP regarding BDDS reporting</p> <p>requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). QIDP/PD's will be trained on the components of</p> <p>an investigation to ensure that all components are completed and processes are</p> <p>followed. Materials for a portion of this training come from the "Components of</p> <p>a Thorough Investigation" presented by Steve Corya, ISDH.HM, PD's and AD will complete a competency test</p> <p>regarding abuse, neglect and exploitation investigations and their roles. The AD, Quality Specialist or their designee</p> <p>will review and sign off on all</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>abuse, neglect and exploitation investigations</p> <p>that are completed to ensure that the investigation is thorough prior to the</p> <p>recommendations being carried out.Support Staff, HM, QIDP/PD's and AD will</p> <p>complete a competency test regarding the investigation process for unknown injuries,</p> <p>falls and peer to peer investigations.Retrain Support Staff and QIDP/PD's on Occazio's</p> <p>policy #2105 abuse, neglect, exploitation.A resident meeting will be completed with the</p> <p>residents in the home to review their rights, the resident complaint process</p> <p>and process for reporting abuse, neglect and exploitation. Training with QIDP/PD and HM regarding timely</p> <p>reporting. Timely as defined as: reported to administrator immediately, report</p> <p>filed to BDDS within 24 hours.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
			What measures will be put into place or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
			<p>what systemic changes will be made to ensure that the deficient practice does</p> <p>not recur:</p> <p>All clients will be placed on programming for reporting abuse and neglect, resident rights and the resident complaint process. Staff will receive additional training regarding abuse, neglect and exploitation; peer to peer incidents; and injuries of unknown origin; along with the reporting process into these allegations during their team meeting.</p> <p>PD will ensure investigations are completed and reported to the administration within 5 business days. The PD will ensure that all incidents of abuse</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>and neglect are reported to BDDS timely. Training was completed on 12-27-13 with the QIDP/PD's regarding incident reporting and leveling of incidents according to Mentor practices. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). QIDP/PD's will be trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training come from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH.HM, PD's and AD will complete a competency test regarding abuse, neglect and exploitation investigations and their roles. The AD, Quality Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>the investigation is thorough prior to the</p> <p>recommendations being carried out.Support Staff, HM, QIDP/PD's and AD will</p> <p>complete a competency test regarding the investigation process for unknown</p> <p>injuries, falls and peer to peer investigations.Retrain Support Staff and QIDP/PD's on Occazio's</p> <p>policy #2105 abuse, neglect, exploitation.A resident meeting will be completed with the</p> <p>residents in the home to review their rights, the resident complaint process</p> <p>and process for reporting abuse, neglect and exploitation. Training with QIDP/PD and HM regarding timely</p> <p>reporting. Timely as defined as: reported to administrator immediately, report</p> <p>filed to BDDS within 24 hours.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
---	--	--	--

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
			How will the corrective action be monitored to ensure the deficient practice will not recur?	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNINGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>The HM will monitor on a daily basis when they</p> <p>are in the home. The PD will monitor on a regular basis when they</p> <p>are in the home. The AD will monitor as they complete their</p> <p>audits. QIDP/PD will review documentation daily to</p> <p>ensure that all incidents have been reported. AD will review documentation to ensure that all</p> <p>incidents have been reported. In the event it is determined that incidents are</p> <p>not reported timely, disciplinary action will occur.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on observation, record review, and interview, for 3 of 6 BDDS (Bureau of Developmental Disabilities Services) reports reviewed (clients A and D), the facility failed to thoroughly investigate client A's incidents of physical aggression (two of which resulted in police involvement).</p> <p>Findings include:</p> <p>1. (a) On 11/26/13 at 10:55am, the facility's BDDS Reports and</p>	W000154	<p>What is the date by which the systemic changes will be completed?</p> <p>January 15, 2014</p> <p>W 154 Staff Treatment of Clients</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p>	01/15/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>investigations were reviewed from 08/1/13 through 11/26/13.</p> <p>-A 11/4/13 BDDS report for an incident on 11/3/13 at 6:30pm, indicated Group Home Staff (GHS) #2 "redirected [client A] and [client A] got upset and was physically aggressive towards staff. The Police were called and [client A] was taken to the ER (Emergency Room) for his health and safety." The report indicated GHS #2 was suspended pending the outcome of the investigation. The report did not indicate if GHS #2 filed criminal charges against client A.</p> <p>-The 11/11/13 Follow up BDDS report to the incident on 11/3/13 indicated GHS #2 "was suspended because [client A] accused [GHS #2] of placing him in a headlock." The follow up report indicated client A was admitted on 11/3/13 to the hospital behavioral center. The follow up report indicated "No one seen (sic) [GHS #2] put [client A] in a headlock or even attempt to restrain [client A] himself, restraint is in [client A's] plan and fellow staff members reported (they were) attempting to restrain [client A] while [GHS #2] escaped his attack but the clients and staff report [client A] was too strong for the staff to restrain so [client A] got out (of the restraint) and attempted to go to</p>		<p>What corrective action will be accomplished?</p> <p>PD will ensure investigations are completed and reported to the administration within 5 business days. Training was completed on 12-27-13 with the QIDP/PD's regarding incident reporting and leveling of incidents according to Mentor practices. In the event that there is a behavioral incident in which police are involved the incident will be investigated. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). QIDP/PD's will be trained on the components of an investigation to ensure that all components are completed and processes are</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>his room before turning around and going after [GHS #2] again. [GHS #2] was injured during the attack, [client A] sustained a scratch to his temple and cheek during the attack...." The report did not include GHS #2's injuries and did not indicate GHS #2 filed criminal charges against client A. The report did not include an investigation which documented the investigation outcome.</p> <p>On 11/26/13 at 10:55am, a review of the facility's 11/3/13 at 6:30pm "GER (General Event Report)" was conducted. The 11/3/13 GER report indicated client A "stated that staff was calling him a name. All three (3) staff tried to tell [client A] that he had misunderstood and that staff was not calling him a name... [client A stated he] was going to kick [GHS #2's] butt." The report indicated client A "kept getting closer to [GHS #2] stating he wasn't going to call him a name." The report indicated client A began to "attack" GHS #2 and the "staff was putting dishes away...(putting the drinks in the frig (refrigerator)." The report indicated GHS #2 tried to walk away "when [client A] kept attacking him. Another staff began to pull [client A] off of [GHS #2]...[GHS #2] got attacked (then) walked into the office with [client A] following him." The report indicated two other staff tried to</p>		<p>followed. Materials for a portion of this training come from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH.HM, PD's and AD will complete a competency test regarding abuse, neglect and exploitation investigations and their roles.The AD, Quality Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the recommendations being carried out.Support Staff, HM, QIDP/PD's and AD will complete a competency test regarding the investigation process for unknown injuries, falls and peer to peer investigations.Retrain Support Staff and QIDP/PD's on Occazio's policy #2105 abuse, neglect, exploitation.In the event that the QIDP/PD, HM or AD find out there is pending charges pressed against a client that staff is involved in,</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>restrain client A and "[Client A] kept scuffling with the two staff...[Client A] went into his bedroom and stated he was leaving. [Client A] stated he was going to turn himself in and staff followed [client A] down the road while speaking with police." The report indicated police took client A to the hospital. The report did not indicate GHS #2 filed criminal charges against client A.</p> <p>1.(b) On 11/26/13 at 10:55am, the facility's BDDS Reports and investigations were reviewed from 08/1/13 through 11/26/13. -A 10/11/13 BDDS report for an incident on 10/10/13 at 9:05pm, indicated client A "was at the group home having a behavior." The report indicated client A "became agitated with [GHS #1] when [GHS #1] began logging the long distance phone calls from the house phone into the call log. [Client A] stated he did not want her to log the calls." The report indicated GHS #1 explained she had to put them on the call log according the the company policy. The report indicated client A went to his room "and came out a few minutes later and grabbed the phone and threw it across the room, then started cursing staff and putting his finger in [GHS #1's] face." The report indicated staff "attempted to calm [client A], but</p>		<p>the staff will be transferred immediately from the home.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>[client A] struck the staff in the gut and again in the face with his open hand. Other staff intervened and [client A] still continued to go after the staff member. A third staff started getting the other clients to safety and [client A] came after [GHS #1] again swinging at [GHS #1] but not contacting [GHS #1]. The third staff called the police when other clients were safe...The officer took a statement from the staff and one from [client A]. [Client A] told the officer he did hit the staff because he hates this companies stupid policies (sic)." The report indicated client A told the officer "he did not care" that he (client A) should not hit people. The report indicated GHS #1 stated to the police "yes" she wanted to press charges against client A. The report indicated client A was handcuffed, read his rights, and taken to the hospital behavioral health center. The report did not indicate GHS #1 was suspended and/or if an investigation was initiated.</p> <p>-The 10/15/13 Follow up BDDS report indicated client A was discharged back to the group home on 10/11/13. The report did not indicate if an investigation was completed. The report did not indicate GHS #1 continued to work in the group home to supervise client A after the 10/10/13 incident where she</p>		<p>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> <p>All residents have the potential to be affected by the same deficient practice.PD will ensure investigations are completed and reported to the administration within 5 business days.Training was completed on 12-27-13 with the QIDP/PD's regarding incident reporting and leveling of incidents according to Mentor practices.In the event that there is a behavioral incident in which police are involved the incident will be investigated.Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149,</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>pressed criminal charges against client A.</p> <p>On 11/26/13 at 10:55am, a review of the facility's 10/10/13 at 8:40pm, "GER (General Event Report)" was conducted. The 10/10/13 GER report indicated "after taking his medications took the company cell phone to make a phone call to a friend. [Client A] came out of his bedroom into the living room where staff was at. [Client A] started yelling about one of his roommates erased phone numbers out of the cell phone. Staff redirected [client A] by telling him that staff not his roommates removed the numbers. [Client A] returned to his bedroom and moments later returned to the living room and got into [GHS #1's] face yelling and cursing about the cell phone again. [GHS #1] stood up to remove herself from the situation but got distracted by another client that was walking into the living room and yelling at [client A]. While staff was looking at the other client [client A] slapped [GHS #1] across the stomach. As soon as [client A] slapped [GHS #1] [client A] took off for his bedroom." The report indicated GHS #1 called the QIDP (Qualified Intellectual Disabilities Professional), the GHM (Group Home Manager), and the police and "Once the police arrived [client A] was read his</p>		<p>W153, W154, W155, W156 and W157).QIDP/PD's will be trained on the components of</p> <p>an investigation to ensure that all components are completed and processes are</p> <p>followed. Materials for a portion of this training come from the "Components of</p> <p>a Thorough Investigation" presented by Steve Corya, ISDH.HM, PD's and AD will complete a competency test</p> <p>regarding abuse, neglect and exploitation investigations and their roles.The AD, Quality Specialist or their designee</p> <p>will review and sign off on all abuse, neglect and exploitation investigations</p> <p>that are completed to ensure that the investigation is thorough prior to the</p> <p>recommendations being carried out.Support Staff, HM, QIDP/PD's and AD will</p> <p>complete a competency test regarding the investigation process for unknown</p> <p>injuries, falls and peer to peer investigations.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	<p>rights, cuffed, and taken to the hospital."</p> <p>On 11/26/13 from 3:45pm until 5:15pm, observation and interviews were conducted at the group home. Client A was not present and GHS #1 was present. At 4:35pm, GHS #1 was observed to be over six feet tall. GHS #1 stated "I did file charges" against client A. GHS #1 stated client A had been "asleep, then took his meds (medications), and wanted to use the phone." GHS #1 indicated client A got angry after GHS #1 told client A she had deleted the phone numbers in the cell phone. GHS #1 stated client A "slapped (her) with an open hand across the stomach" area of the body then client A ran to his bedroom. GHS #1 indicated client A then opened the door to his room, came out into the hallway, and began to yell at GHS #1. GHS #1 stated client A walked down the hallway yelling and she got up and began to "chase" client A back down the hallway into his bedroom. GHS #1 indicated she had a small bruise on her hip from the incident. GHS #1 stated she hit her hip area on the chest of drawers kept in the hallway when she was "chasing" client A. GHS #1 indicated she was unsure if that caused her injury or client A hitting her earlier. GHS #1 indicated she called the QIDP and the police regarding the</p>		<p>Retrain Support Staff and QIDP/PD's on</p> <p>Occazio's policy #2105 abuse, neglect, exploitation.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>incident from the group home.</p> <p>On 11/26/13 at 3:45pm, an interview with the QIDP was conducted. The QIDP indicated client A had a known history of physical aggression before being admitted to the group home in 2012. The QIDP stated "both" GHS #1 and GHS #2 "were filing (criminal) charges against [client A]." When asked if it was acceptable to file criminal charges against a client with a "known behavior," the QIDP stated "they (the staff) did." The QIDP stated there was "no" additional information to review.</p> <p>2. On 11/26/13 at 10:55am, the facility's BDDS Reports and investigations were reviewed from 08/1/13 through 11/26/13.</p> <p>-A 11/9/13 BDDS report for an incident on 11/3/13 at 11:00am, indicated client D was "afraid of his peer in the group home" because client A had flipped him in the "private area with a towel and thought it was funny." The report indicated client D did not report the incident earlier "because he was scared." The report did not indicate if an investigation was completed and/or initiated.</p> <p>-The 11/7/13 "GER" report indicated on 11/7/13 at 1:00pm, client D reported he</p>		<p>In the event that the QIDP/PD, HM or AD find out</p> <p>there is pending charges pressed against a client that staff is involved in,</p> <p>the staff will be transferred immediately from the home.</p> <p>What measures will be put into place or</p> <p>what systemic changes will be made to ensure that the deficient practice does</p> <p>not recur:</p> <p>PD will ensure investigations are completed and</p> <p>reported to the administration within 5 business days. Training was completed on 12-27-13 with the</p> <p>QIDP/PD's regarding incident reporting and leveling of incidents according to</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>was "hit on (the) buttocks and in (the) private area (by) a peer flipping a towel." The report indicated no injury was identified.</p> <p>On 11/26/13 at 3:45pm, an interview with the QIDP was conducted. The QIDP indicated clients A and D incidents were reported and indicated he had no additional investigative information to provide for review.</p> <p>This federal tag relates to complaint #IN00139727.</p> <p>9-3-2(a)</p>		<p>Mentor practices. In the event that there is a behavioral incident in which police are involved the incident will be investigated. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). QIDP/PD's will be trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training come from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH.HM, PD's and AD will complete a competency test regarding abuse, neglect and exploitation investigations and their roles. The AD, Quality Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNINGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
			<p>recommendations being carried out.Support Staff, HM, QIDP/PD's and AD will</p> <p>complete a competency test regarding the investigation process for unknown</p> <p>injuries, falls and peer to peer investigations.Retrain Support Staff and QIDP/PD's on Occazio's</p> <p>policy #2105 abuse, neglect, exploitation.In the event that the QIDP/PD, HM or AD find out</p> <p>there is pending charges pressed against a client that staff is involved in,</p> <p>the staff will be transferred immediately from the home.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
			<p>How will the corrective action be monitored</p> <p>to ensure the deficient practice will not recur?</p> <p>The HM will monitor on a daily basis when they</p> <p>are in the home.The PD will monitor on a regular basis when they</p> <p>are in the home.The AD will monitor as they complete their</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
			<p>audits.QIDP/PD will review documentation daily to</p> <p>ensure that all incidents have been reported.AD will review documentation to ensure that all</p> <p>incidents have been reported.</p> <p>What is the date by which the systemic</p> <p>changes will be completed? January 15, 2014</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNINGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review, and interview, for 2 of 6 BDDS (Bureau of Developmental Disabilities Services) reports reviewed (client A), the facility failed to implement sufficient corrective action regarding client A's incidents of physical aggression which led to police involvement.</p> <p>Findings include:</p> <p>1. (a) On 11/26/13 at 10:55am, the facility's BDDS Reports and investigations were reviewed from 08/1/13 through 11/26/13. -A 11/4/13 BDDS report for an incident on 11/3/13 at 6:30pm, indicated Group Home Staff (GHS) #2 "redirected [client A] and [client A] got upset and was physically aggressive towards staff. The Police were called and [client A] was taken to the ER (Emergency Room) for his health and safety." The report indicated GHS #2 was suspended pending the outcome of the investigation. The report did not indicate if GHS #2 filed criminal charges against client A. The report did</p>	W000157	<p>W157 Staff treatment of clients.</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>What corrective action will be accomplished?</p> <p>Staff will be retrained on Handle with Care. All client BSPs will be reviewed. They will be</p>	01/15/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>not document corrective action.</p> <p>-The 11/11/13 Follow up BDDS report to the incident on 11/3/13 indicated GHS #2 "was suspended because [client A] accused [GHS #2] of placing him in a headlock." The follow up report indicated client A was admitted on 11/3/13 to the hospital behavioral center. The follow up report indicated "No one seen (sic) [GHS #2] put [client A] in a headlock or even attempt to restrain [client A] himself, restraint is in [client A's] plan and fellow staff members reported (they were) attempting to restrain [client A] while [GHS #2] escaped his attack but the clients and staff report [client A] was too strong for the staff to restrain so [client A] got out (of the restraint) and attempted to go to his room before turning around and going after [GHS #2] again. [GHS #2] was injured during the attack, [client A] sustained a scratch to his temple and cheek during the attack...." The report did not document corrective action. The report did not include GHS #2's injuries and did not indicate GHS #2 filed criminal charges against client A.</p> <p>-The 11/25/13 Follow up BDDS report to the incident on 11/3/13 indicated client A was discharged from the agency's services on 11/18/13 and</p>		<p>revised if needed. Police involvement will be added if necessary. Staff will be retrained on all clients BSPs. All BSP's that include the use of the HWC</p> <p>restraint will have pictures and instructions added to effectively explain the</p> <p>restraint utilized. Client A has been discharged from Occazio</p> <p>services. In the event that there is a behavioral incident</p> <p>in which police are involved the incident will be investigated. In the event that there is a behavioral incident</p> <p>in which police are involved the IDT will meet to discuss the incident and determine</p> <p>if any changes need to be made to the individuals BSP. Retrain QIDP regarding BDDS reporting</p> <p>requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). In the event that the QIDP/PD, HM or AD find out</p> <p>there is pending charges pressed against a client that staff is involved in,</p> <p>the staff will be transferred</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>remained at the hospital behavioral center.</p> <p>On 11/26/13 at 10:55am, a review of the facility's 11/3/13 at 6:30pm "GER (General Event Report)" was conducted. The 11/3/13 GER report indicated client A "stated that staff was calling him a name. All three (3) staff tried to tell [client A] that he had misunderstood and that staff was not calling him a name... [client A stated he] was going to kick [GHS #2's] butt." The report indicated client A "kept getting closer to [GHS #2] stating he wasn't going to call him a name." The report indicated client A began to "attack" GHS #2 and the "staff was putting dishes away...(putting the) drinks in the frig (refrigerator)." The report indicated GHS #2 tried to walk away "when [client A] kept attacking him. Another staff began to pull [client A] off of [GHS #2]...[GHS #2] got attacked (then) walked into the office with [client A] following him." The report indicated two other staff tried to restrain client A and "[Client A] kept scuffling with the two staff...[Client A] went into his bedroom and stated he was leaving. [Client A] stated he was going to turn himself in and staff followed [client A] down the road while speaking with police." The report indicated police took client A to the hospital. the</p>		immediately from the home.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>report did not document corrective action. The report did not indicate GHS #2 filed criminal charges against client A. The report did not indicate if client A's BSP was reviewed and/or revised.</p> <p>1.(b) On 11/26/13 at 10:55am, the facility's BDDS Reports and investigations were reviewed from 08/1/13 through 11/26/13. -A 10/11/13 BDDS report for an incident on 10/10/13 at 9:05pm, indicated client A "was at the group home having a behavior." The report indicated client A "became agitated with [GHS #1] when [GHS #1] began logging the long distance phone calls from the house phone into the call log. [Client A] stated he did not want her to log the calls." The report indicated GHS #1 explained she had to put them on the call log according the the company policy. The report indicated client A went to his room "and came out a few minutes later and grabbed the phone and threw it across the room, then started cursing staff and putting his finger in [GHS #1's] face." The report indicated staff "attempted to calm [client A], but [client A] struck the staff in the gut and again in the face with his open hand. Other staff intervned and [client A] still continued to go after the staff member. A third staff started getting the other</p>		<p>How will we identify other residents having</p> <p>the potential to be affected by the same deficient practice and what corrective</p> <p>action will be taken?</p> <p>All residents have the potential to be affected</p> <p>by the same deficient practice.Staff will be retrained on Handle with Care.All client BSPs will be reviewed. They will be</p> <p>revised if needed. Police involvement will be added if necessary.Staff will be retrained on all clients BSPs.All BSP's that include the use of the HWC</p> <p>restraint will have pictures and instructions added to effectively explain the</p> <p>restraint utilized.In the event that there is a behavioral incident</p> <p>in which police are involved the incident will be investigated.In the event that there is a behavioral incident</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNINGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>clients to safety and [client A] came after [GHS #1] again swinging at [GHS #1] but not contacting [GHS #1]. The third staff called the police when other clients were safe...The officer took a statement from the staff and one from [client A]. [Client A] told the officer he did hit the staff because he hates this companies stupid policies (sic)." The report indicated client A told the officer "he did not care" that he (client A) should not hit people. The report indicated GHS #1 stated to the police "yes" she wanted to press charges against client A. The report indicated client A was handcuffed, read his rights, and taken to the hospital behavioral health center. The report did not document corrective action. The report did not indicate GHS #1 was suspended and/or if an investigation was initiated. The report did not indicate if client A's BSP was reviewed and/or revised.</p> <p>-The 10/15/13 Follow up BDDS report indicated client A was discharged back to the group home on 10/11/13. The report did not indicate if client A's BSP was reviewed and/or revised. The report did not indicate GHS #1 continued to work in the group home to supervise client A after the 10/10/13 incident where she pressed criminal charges against client A.</p>		<p>in which police are involved the IDT will meet to discuss the incident and</p> <p>determine if any changes need to be made to the individuals BSP. Retrain QIDP regarding BDDS reporting</p> <p>requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). In the event that the QIDP/PD, HM or AD find out</p> <p>there is pending charges pressed against a client that staff is involved in,</p> <p>the staff will be transferred immediately from the home.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	<p>-The 10/27/13 Follow up BDDS report indicated the agency "still has not heard at this time if charges will be pursued against [client A]."</p> <p>-The 11/5/13 Follow up BDDS report indicated "The Prosecutor's office called...today and reported the case against [client A] will be dropped. The prosecutor did not offer a reason as to why this was being dropped."</p> <p>On 11/26/13 at 10:55am, a review of the facility's 10/10/13 at 8:40pm, "GER (General Event Report)" was conducted. The 10/10/13 GER report indicated "after taking his medications took the company cell phone to make a phone call to a friend. [Client A] came out of his bedroom into the living room where staff was at. [Client A] started yelling about one of his roommates erased phone numbers out of the cell phone. Staff redirected [client A] by telling him that staff not his roommates removed the numbers. [Client A] returned to his bedroom and moments later returned to the living room and got into [GHS #1's] face yelling and cursing about the cell phone again. [GHS #1] stood up to remove herself from the situation but got distracted by another client that was walking into the living room and yelling</p>		<p>What measures will be put into place or</p> <p>what systemic changes will be made to ensure that the deficient practice does</p> <p>not recur?</p> <p>Staff will be retrained on Handle with Care.All client BSPs will be</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>at [client A]. While staff was looking at the other client [client A] slapped [GHS #1] across the stomach. As soon as [client A] slapped [GHS #1] [client A] took off for his bedroom." The report indicated GHS #1 called the QIDP (Qualified Intellectual Disabilities Professional), the GHM (Group Home Manager), and the police and "Once the police arrived [client A] was read his rights, cuffed, and taken to the hospital."</p> <p>On 11/26/13 from 3:45pm until 5:15pm, observation and interviews were conducted at the group home. Client A was not present and GHS #1 was present. At 4:35pm, GHS #1 was observed to be six feet tall. GHS #1 stated "I did file charges" against client A. GHS #1 stated client A had been "asleep, then took his meds (medications), and wanted to use the phone." GHS #1 indicated client A got angry after GHS #1 told client A she had deleted the phone numbers in the cell phone. GHS #1 stated client A "slapped (her) with an open hand across the stomach" area of the body then client A ran to his bedroom. GHS #1 indicated client A then opened the door to his room, came out into the hallway, and began to yell at GHS #1. GHS #1 stated client A walked down the hallway yelling and she got up and began to</p>		<p>reviewed. They will be revised if needed. Police involvement will be added if necessary. Staff will be retrained on all clients BSPs. All BSP's that include the use of the HWC restraint will have pictures and instructions added to effectively explain the restraint utilized. In the event that there is a behavioral incident in which police are involved the incident will be investigated. In the event that there is a behavioral incident in which police are involved the IDT will meet to discuss the incident and determine if any changes need to be made to the individuals BSP. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). In the event that the QIDP/PD, HM or AD find out there is pending charges pressed against a client that staff is involved in, the staff will be transferred</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>"chase" client A back down the hallway into his bedroom. GHS #1 indicated she had a small bruise on her hip from the incident. GHS #1 stated she hit her hip area on the chest of drawers kept in the hallway when she was "chasing" client A. GHS #1 indicated she was unsure if that caused her injury or client A hitting her earlier. GHS #1 indicated she called the QIDP and the police regarding the incident from the group home.</p> <p>On 11/26/13 at 3:45pm, an interview with the QIDP was conducted. The QIDP indicated client A had a known history of physical aggression before being admitted to the group home in 2012. The QIDP indicated the staff was not restrained on client A's BSP (Behavior Support Plan) until after the 10/10/13 incident. The QIDP indicated the agency and/or the group home have not implemented training with the police in regards to client A's identified behavioral needs. The QIDP indicated he (the QIDP) told the staff to call the police. The QIDP indicated client A's BSP did not include police involvement and/or when to call the police. The QIDP stated "both" GHS #1 and GHS #2 "were filing (criminal) charges against [client A]." When asked if it was acceptable to file criminal charges against a client with a "known</p>		<p>immediately from the home.</p> <p>How will the</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>behavior," the QIDP stated "they (the staff) did." The QIDP indicated GHS #2 was suspended pending an investigation after the 11/3/13 incident. The QIDP stated GHS #1 "continued" to work at the group home with client A in the group home on 10/10, 10/11, 10/14, 10/15, 10/16, 10/17, 10/18, 10/21, 10/22, 10/23, 10/24, and 10/25/13. The QIDP stated GHS #1 "filed" criminal charges on 10/10/13 and was transferred to another group home on 10/25/13 per her request. The QIDP indicated client A's BSP was not reviewed and/or revised after his behavioral incidents. The QIDP stated there was "no" corrective action taken for the 10/10/13 or the 11/3/13 incidents.</p> <p>Client A's record was reviewed on 11/26/13 at 11:30 AM. Client A's 10/31/13 ISP (Individual Support Plan) and 9/15/2013 Behavior Support Plan (BSP) both indicated client A was verbal, had behaviors of physical aggression, OCD (Obsessive Compulsive Disorder), AWOL (Absent without Leave), Suicidal Ideation, non compliance, and constant talking when admitted to the group home. Client A's BSP indicated the following for physical aggression "Description: Physical Aggression/verbal aggression.</p> <p>1. Offer prompt to stop and go to a</p>		<p>corrective action be monitored to ensure the deficient practice will not occur?</p> <p>The HM will monitor on a daily basis when they</p> <p>are in the home.The PD will monitor on a regular basis when they</p> <p>are in the home.The AD will monitor as they complete their</p> <p>audits.The AD and/or Quality Specialist will review the</p> <p>investigations and incident reports to ensure that when appropriate, corrective</p> <p>action will be taken.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
W000289	<p>separate area...2. If [client A] refuses to calm down and his physical aggression escalates. [Client A] may be placed in a physical restraint as taught in Handle with Care may be applied to protect [client A] and others. The restraint should be released as soon as [client A] is calm...3. Once calm, provide praise for any attempts at reconciliation...."</p> <p>Client A's BSP did not have a written name and/or the description of which approved restraint was to have been applied. Client A's BSP did not include police interventions and/or when to call the police. Client A's BSP did not include a revision and/or review after the 10/10/13 incident.</p> <p>This federal tag relates to complaint #IN00139727.</p> <p>9-3-2(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on record review and interview, for 1 of 3 sampled clients (client A) who had restrictive techniques employed, the facility failed to have a written</p>	W000289	<p>What is the date by which the systemic changes will be completed?</p> <p>January 15, 2014</p> <p>W289 Mgmt of</p>	01/15/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>description to define the use of client A's physical restraints.</p> <p>Findings include:</p> <p>On 11/26/13 at 10:55am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 08/1/13 through 11/26/13.</p> <p>-The 11/11/13 Follow up BDDS report to the incident on 11/3/13 indicated client A was admitted on 11/3/13 to the hospital behavioral center. The follow up report indicated "No one seen (sic) [GHS #2] put [client A] in a headlock or even attempt to restrain [client A] himself, restraint is in [client A's] plan and fellow staff members reported (they were) attempting to restrain [client A] while [GHS #2] escaped his attack but the clients and staff report [client A] was too strong for the staff to restrain so [client A] got out (of the restraint) and attempted to go to his room before turning around and going after [GHS #2] again. [GHS #2] was injured during the attack, [client A] sustained a scratch to his temple and cheek during the attack...."</p> <p>On 11/26/13 at 10:55am, a review of the facility's 11/3/13 at 6:30pm "GER (General Event Report)" was conducted.</p>		<p>Inappropriate Client Behavior</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan.</p> <p>What corrective action will be accomplished?</p> <p>All client BSPs will be reviewed. They will be revised if needed. Police involvement will be added if necessary. Staff will be retrained on all clients BSPs. All BSP's that include the use of the HWC restraint will have pictures and instructions added to effectively explain the</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>The 11/3/13 GER report indicated client A "stated that staff was calling him a name. All three (3) staff tried to tell [client A] that he had misunderstood and that staff was not calling him a name... [client A stated he] was going to kick [GHS #2's] butt." The report indicated client A "kept getting closer to [GHS #2] stating he wasn't going to call him a name." The report indicated client A began to "attack" GHS #2 and the "staff was putting dishes away...(putting the drinks in the frig (refrigerator)." The report indicated GHS #2 tried to walk away "when [client A] kept attacking him. Another staff began to pull [client A] off of [GHS #2]...[GHS #2] got attacked (then) walked into the office with [client A] following him." The report indicated two other staff tried to restrain client A and "[Client A] kept scuffling with the two staff...[Client A] went into his bedroom and stated he was leaving. [Client A] stated he was going to turn himself in and staff followed [client A] down the road while speaking with police." The report indicated the police took client A to the hospital.</p> <p>-A 10/11/13 BDDS report for an incident on 10/10/13 at 9:05pm, indicated client A "was at the group home having a behavior." The report indicated client A "became agitated with</p>		<p>restraint utilized.</p> <p>Client A has been discharged from Occazio services.</p> <p>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> <p>All residents have the potential to be affected by the same deficient practice.All client BSPs will be reviewed. They will be revised if needed. Police</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNINGROVE DR MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>handcuffed, read his rights, and taken to the hospital.</p> <p>On 11/26/13 at 10:55am, a review of the facility's 10/10/13 at 8:40pm, "GER (General Event Report)" was conducted. The 10/10/13 GER report indicated "after taking his medications took the company cell phone to make a phone call to a friend. [Client A] came out of his bedroom into the living room where staff was at. [Client A] started yelling about one of his roommates erased phone numbers out of the cell phone. Staff redirected [client A] by telling him that staff not his roommates removed the numbers. [Client A] returned to his bedroom and moments later returned to the living room and got into [GHS #1's] face yelling and cursing about the cell phone again. [GHS #1] stood up to remove herself from the situation but got distracted by another client that was walking into the living room and yelling at [client A]. While staff was looking at the other client [client A] slapped [GHS #1] across the stomach. As soon as [client A] slapped [GHS #1] [client A] took off for his bedroom." The report indicated GHS #1 called the QIDP (Qualified Intellectual Disabilities Professional), the GHM (Group Home Manager), and the police and "Once the police arrived [client A] was read his</p>		<p>All client BSPs will be reviewed. They will be revised if needed. Police involvement will be added if necessary. Staff will be retrained on all clients BSPs. All BSP's that include the use of the HWC restraint will have pictures and instructions added to effectively explain the restraint utilized.</p> <p>How will the corrective action be monitored</p> <p>to ensure that the deficient practice will not occur?</p> <p>The HM will monitor on a daily basis when they</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNINGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>rights, cuffed, and taken to the hospital."</p> <p>On 11/26/13 at 3:45pm, an interview with the QIDP was conducted. The QIDP indicated client A had a known history of physical aggression before being admitted to the group home in 2012. The QIDP indicated client A's BSP did not include a written description of the restraint taught staff in the agency's Handle with Care. The QIDP indicated the restraint to have been used was a PRT (Primary Restraint Technique). The QIDP indicated staff were to stand behind client A, lock staff's arms around each of client A's arms from behind, and place the palms of staff's hands in the center of client A's back.</p> <p>Client A's record was reviewed on 11/26/13 at 11:30 AM. Client A's 10/31/13 ISP (Individual Support Plan) and 9/15/2013 Behavior Support Plan (BSP) both indicated client A was verbal, had behaviors of physical aggression, OCD (Obsessive Compulsive Disorder), AWOL (Absent without Leave), Suicidal Ideation, non compliance, and constant talking when admitted to the group home. Client A's BSP indicated the following for physical aggression "Description: Physical Aggression/verbal aggression. 1. Offer</p>		<p>are in the home. The PD will monitor on a regular basis when they</p> <p>are in the home. The AD will monitor as they complete their</p> <p>audits. HM will monitor via monthly home observation to</p> <p>ensure behavior plans are being implemented. QIDP/PD will monitor via monthly home</p> <p>observation to ensure behavior plans are being implemented. The AD will monitor via home observations to</p> <p>ensure that behavior plans are being implemented. The AD will review the BSP's written to ensure</p> <p>that they include a detailed description of the HWC restraint utilized when it</p> <p>is incorporated into a resident's behavior plan.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/16/2013
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNGROVE DR MUNCIE, IN 47303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	<p>prompt to stop and go to a separate area...2. If [client A] refuses to calm down and his physical aggression escalates. [Client A] may be placed in a physical restraint as taught in Handle with Care may be applied to protect [client A] and others. The restraint should be released as soon as [client A] is calm...3. Once calm, provide praise for any attempts at reconciliation...."</p> <p>Client A's BSP did not have a written name and/or the description of which approved restraint was to have been applied.</p> <p>This federal tag relates to complaint #IN00139727.</p> <p>9-3-5(a)</p>		<p>What is the date by which the systemic changes will be completed? January 15, 2014</p>		