

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G735	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/15/2013
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NAME OF PROVIDER OR SUPPLIER OCCAZIO INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1206 S MAIN ST NEW CASTLE, IN 47362
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: February 11, 12, 13, 14 and 15, 2013</p> <p>Facility number: 005553 Provider number: 15G735 AIM number: 200854080</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/25/13 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed to assure a complete accounting of 1 of 4 sampled clients (client #2's) personal funds.</p> <p>Finding include:</p> <p>Facility records were reviewed on 2/11/13 at 3:35 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time frame between 2/11/12 and 2/11/13. The reports indicated the following:</p> <p>A BDDS report dated 2/7/13 for an incident on 2/6/13 at 12:00 P.M. indicated "Upon entering finances (sic) information into the computer system it was discovered that [client #2] was missing \$50.00 (fifty dollars) from her inhouse (sic) money. After careful checking the money was still not found. The house finances will under go an audit by the office and an investigation will be launched to help determine what has happened to the missing money."</p> <p>A review of a purchase request dated 2/12/13 was completed on 2/14/13 at</p>	W0140	<p>W 140 Client Finances</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting by 3-17-13. · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box. · Regular audits of the finances will be completed by the RC and the DSA for the home. · Client #2 was reimbursed the missing \$50.00 by Occazio. <p>2. How will we identify other residents having the potential to be affected by the same</p>	03/17/2013			

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	<p>11:52 A.M.. The request indicated "Re-imbursement (sic) of missing money to [client #2] from 2/6/13. \$50.00 taken from lock box...I have completed the audit of [client #2's] in-house cash. The Therap register shows an ending balance of \$52.93 as of 1/31/13 and the cash counted was \$2.93, leaving \$50.00 missing." The purchase request was completed by the Director of Business Operations. There was a copy of check [#]from Occazio Inc. to client #2 dated 2/12/13 for \$50.00 and a deposit receipt for client #2's bank account dated 2/13/13 in the amount of \$50.00.</p> <p>An interview was completed with the facility Program Specialist (PS) on 2/13/13 at 2:55 P.M.. When asked about client #2's missing money, the PS stated, "She has been reimbursed and the check was deposited into her account. The investigation will be completed today." The PS indicated the facility had at the time not been able to identify what had occurred to cause the money to be missing from client #2's in house account.</p> <p>9-3-2(a)</p>		<p>deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting by 3-17-13. · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box. · Regular audits of the finances will be completed by the RC and the DSA for the home. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting by 3-17-13. · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box. · Regular audits of the finances will be completed by the RC and the DSA for the home. 				

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			<p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>March 17 th , 2013</p>	

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W0149	<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.</p> <p>Based on record review and interview, the facility failed to follow their policy on Suspected Abuse, Neglect and Exploitation Reporting for 1 of 3 additional clients (client #6) by staff verbally and physically making client #6 remain in his bed.</p> <p>Findings include:</p> <p>Facility records were reviewed on 2/11/13 at 3:35 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time frame between 2/11/12 and 2/11/13. The BDDS reports indicated the following:</p> <p>A BDDS report dated 11/19/12 for 11/16/12 at 4:45 P.M. indicated "It was reported that on 11/16/12 Occazio received information from an anonymous source that a staff member had physically abused [client #6]...completed an investigation to determine if the incident took place and if abuse was substantiated...able to identify that the staff member was [DCS #12]... suspended on 11/16/12...able to determine that the information received was from [DCS</p>	W0149	<p>W 149 Staff Treatment 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>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting by 3-17-13. · DCS #12 was terminated from employment with Occazio. · DCS #11 is also no longer employed with Occazio. · Staff will be retrained on Client #6's behavior plan at their next staff meeting by 3-17-13. · Staff will be retrained on Occazio's policy #2110 Use of Behavior Change Interventions at their next staff meeting by 3-17-13. 	03/17/2013			

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	<p>#11] a former Occazio staff member. Attempts to contact [DCS #11] for information were made; however, [DCS #11] did not return our calls. During the investigation [DCS #12] indicated she was involved in the incident. She stated that (sic) repeatedly telling [client #6] to lie down in his bed and attempting to make him stay in his bed was (sic) not part of his behavior plan. In addition she indicated that she did not use approved behavior management techniques outlined by his behavior plan or by Occazio behavior management policies. [Client #6] was not injured in the incident. He has not shown any emotions or psychological concerns from the incident either. The exact date of the incident continues to remain unknown. The committee was able to find sufficient evidence to substantiate the allegation of abuse towards [client #6]. [DCS #12's] employment with Occazio was terminated upon the completion of the investigation...."</p> <p>A review of the investigation outcome dated 11/26/12 was reviewed on 2/14/13 at 3:00 P.M.. The outcome indicated: "Occazio received two videos of [client #6]...[DCS #12] identified herself as the staff person on the videos... [DCS #11] took the videos with her cell phone...In the videos [DCS #12] is repeatedly</p>		<p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · As the behavior needs for the residents change, the staff will be retrained. · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting by 3-17-13. · Staff will be retrained on Occazio's policy #2110 Use of Behavior Change Interventions at their next staff meeting by 3-17-13. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · As the behavior needs for the residents change, the staff will be retrained. · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting by 3-17-13. 				

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	<p>verbally and physically prompting [client #6] to lie down in his bed; attempting to keep [client #6] in bed when he clearly verbally and physically does not want to lie down in bed. [DCS #12] stated that repeatedly telling [client #6] to lie down in his bed and attempting to make him stay in bed is (sic) not part of [client #6's] behavior support plan (BSP). The video showed [DCS #12] taking her index finger and rubbing it under [client #6's] nose and then telling him to lie down in bed. This is not an approved technique to be used to direct someone to stay in bed...showed [DCS #12] taking her hand and pushing [client #6] back down in bed when he tried to get up telling him to lie back down in bed...[Client #6] was upset by [DCS #12's] actions toward him. [Client #6] yelled out saying that he wanted to go home and die and did attempt to leave his bedroom by pushing past [DCS #12]...."</p> <p>The facility policy for Suspected Abuse, Neglect and Exploitation Reporting dated 1/1/11 was reviewed on 2/11/13 at 12:17 P.M. and indicated the following: "Occazio, Inc. will not tolerate mistreatment, abuse, neglect or exploitation of any Occazio resident/consumer...Verbal Abuse-spoken or written words or gestures made by a person to or in the presence of a</p>		<p>· Staff will be retrained on Occazio's policy #2110 Use of Behavior Change Interventions at their next staff meeting by 3-17-13.</p> <p>\</p> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <p>· The RC will monitor on a daily basis when they are in the home.</p> <p>· The Program Specialist will monitor as they complete their audits.</p> <p>5. What is the date by which the systemic changes will be completed?</p> <p>March 17th, 2013</p>				

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	<p>resident/consumer that may mentally injure or unduly distress the resident/consumer. Examples include but are not limited to: threats, profanity, screaming, belittlement, or any personal or racial slur or harassment...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; unreasonable delays in providing appropriate services, including medication errors, are considered neglect when they cause the resident/consumer undue physical or emotional stress or injury."</p> <p>An interview was conducted with the facility Program Specialist (PS) on 2/13/13 at 3:10 P.M.. When asked about the incident with client #6, the PS stated, "He was visibly agitated on the video and was saying 'burn the baby'; which is something he says when he is upset. No, she (DCS #12) did not follow agency policy, or his BSP (Behavior Support Plan). She did not let him go to the restroom. Staff are to approach him calmly and redirect him to another activity." The PS stated, "[DCS #12] was terminated on 11/26/12 and was suspended during the investigation until her termination date."</p>						

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	9-3-2(a)			

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed to assure 1 of 3 additional clients (client #5) received medications in compliance with her Physician's Orders (PO).</p> <p>Findings include:</p> <p>Facility records were reviewed on 2/11/13 at 3:35 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time frame between 2/11/12 and 2/11/13. The BDDS reports indicated the following:</p> <p>A BDDS report dated 1/14/13 for an incident on 1/13/13 at 7:00 P.M. indicated "Staff called this RC (residential coordinator) to report that [client #5] had taken another client's (client #1's) medication. The staff had set the cup of pills down and [client #5] came up and grabbed them and swallowed them. She took Cetirizine HCL (Zyrtec, antihistamine) 10 mg, (milligrams), Divalproex (Depakote, mania/bipolar)1500 mg, Docusate Sodium (stool softener)100 mg, Ferrous Sulfate (iron supplement) 325 mg, Metformin (Glucophage, diabetes) 1000</p>	W0368	<p>W 368 Drug Administration</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The staff responsible for the medication error was formally counseled. · A medication practicum will be completed with the involved staff member by 3-17-13. · Proper medication administration procedures will be reviewed with all staff at their next team meeting by 3-17-13. · Occazio's policy #2103 Medication Administration will be reviewed with all staff at their next team meeting by 3-17-13. <p>2. How will we identify other residents having the potential to be affected by the same</p>	03/17/2013			

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	<p>mg, and Topiramate (Topamax, seizures) 100 mg. This RC called the agency nurse and told her what had happened and she said to take [client #5] to ER (emergency room) because the Metformin would lower her blood sugar and that could be a cause for concern. Staff took (client #5) to ER and they monitored and gave her food to keep her blood sugar up. Her blood sugar did get a little low. She was sent home after 12 (twelve) hour observation with the instructions to eat every 4 (four) hours for the next 12 (twelve) hours and she should be fine." The staff reviewed the medication passing procedures with the RC and was formally written up.</p> <p>Client #5's MAR (medication administration record) was reviewed on 2/13/13 at 11:05 A.M.. Client #5's MAR indicated she was not prescribed any of the medications she took on 1/13/13 at 7:00 P.M. as indicated in the BDDS report above.</p> <p>The RC was interviewed on 2/13/13 at 3:10 P.M.. The RC stated, "The staff was not following proper protocol for passing medications; they were passing medications in the kitchen, not in the medication room behind a closed door like they are supposed to do." The RC indicated client #5's blood sugar level did drop low at the hospital; she indicated she</p>		<p>deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Proper medication administration procedures will be reviewed with all staff at their next team meeting by 3-17-13. · Occazio's policy #2103 Medication Administration will be reviewed with all staff at their next team meeting by 3-17-13. · Medication practicums will be completed with staff on a regular basis to ensure that the proper medication administration procedures are being followed. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Proper medication administration procedures will be reviewed with all staff at their next team meeting by 3-17-13. · Occazio's policy #2103 Medication Administration will be reviewed with all staff at their next team meeting by 3-17-13. · Medication practicums will 				

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	<p>thought it had dropped to 80.</p> <p>The Program Specialist (PS) was interviewed on 2/13/13 at 3:10 P.M.. The PS stated, "Staff did not follow proper protocol, they were retrained and counseled."</p> <p>9-3-6(a)</p>		<p>be completed with staff on a regular basis to ensure that the proper medication administration procedures are being followed.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed? March 17 th , 2013</p>		