

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G226	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/19/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1503 WASHINGTON ST NEW CASTLE, IN 47362
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W 0000 Bldg. 00	<p>This visit was for the post certification revisit (PCR) survey to the full annual recertification and state licensure survey completed on 5/8/15.</p> <p>Dates of Survey: June 15, 16, 17 and 19, 2015.</p> <p>Provider Number: 15G226 Facility Number: 000750 AIM Number: 100243210</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on interview and record review for 1 of 4 sampled clients (#3), the facility failed to ensure the rights of the client by not ensuring a legally sanctioned representative or a health care</p>	W 0125	<p>W125 Protection of Clients Rights The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and</p>	07/19/2015

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

TITLE

(X6) DATE

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

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	<p>representative to assist client #3 while making informed decisions in regard to medical and psychological needs.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 6/15/15 at 2 PM.</p> <p>Client #3's record indicated diagnoses of, but not limited to, Autistic Disorder (a developmental disorder that impairs the ability to communicate and interact appropriately), "Moderate mental retardation with severely handicapped adaptive behavior", Menorrhagia (an abnormally heavy menstrual cycle), Bleeding sinusitis (recurring bloody nose), Bronchitis (inflammation of the lining of the bronchial tubes), Dysthmic Disorder (a mild long term depression), Pervasive developmental disorder (developmental delay of many of the basic skills) and Bipolar Disorder (a disorder associated with mood swings ranging from depressive lows to manic highs).</p> <p>Client #3's quarterly physician's orders dated 5/21/2015 indicated client #3 received the following medications for behavior modification: Clonazepam 0.5 mg (milligrams) daily for tremors.</p>		<p>as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · An IDT meeting will be held for client #3 by 7/19/15. · This meeting will specifically address appropriate guardian options for client #3, since previous guardian has passed away. · An appropriate guardian will be obtained for client #3 to ensure client has legally sanctioned representation/health care representation in medical matters. · Program Director (QIDP) will be retrained on role, importance and inclusion of guardians/health care representatives. · Area Director will monitor the completion of IDT meeting by 7/19/15. <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. · An IDT meeting will be held for client #3 by 7/19/15. · This meeting will specifically address appropriate guardian options for client #3, since previous guardian has passed 		

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	<p>Divalproex 1250 mg daily for Bipolar Disorder.</p> <p>Lithium 450 mg twice a day for mood stabilization.</p> <p>Client #3's updated BSP (Behavior Support Plan) of 5/11/15 indicated client #3 had targeted behaviors of agitation, depression, delusional thoughts and verbal aggression.</p> <p>Client #3's ISP (Individualized Support Plan) dated 3/5/15 indicated client #3's guardian passed away 1/13/15. Client #3's ISP indicated since moving into the facility group home in January of 2014, client #3 had experienced "significant regression in skills, memory difficulties, confusion and paranoia and delusions. [Client #3] needs verbal prompts and some physical assistance with combing her hair, brushing her teeth, household chores, dressing appropriately, money management skills, self helps skills, laundry, clothing, nutrition, rec leisure (recreational leisure time activities), medical and health skills."</p> <p>Client #3's record indicated no legal representative to assist client #3 with making informed medical and psychological decisions.</p> <p>Client #3's Informed Consent Assessment</p>		<p>away.</p> <ul style="list-style-type: none"> · An appropriate guardian will be obtained for client #3 to ensure client has legally sanctioned representation/health care representation in medical matters. · Program Director (QIDP) will be retrained on role, importance and inclusion of guardians/health care representatives. · Area Director will monitor the completion of IDT meeting by 7/19/15. <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"> · Program Director (QIDP) will be retrained on role, importance and inclusion of guardians/health care representatives. · Area Director will monitor the completion of IDT meeting by 7/19/15. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Director (QIDP) will be retrained on role, importance and inclusion of guardians/health care representatives. · Area Director will monitor the completion of IDT meeting by 7/19/15. 				

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	<p>dated 6/2/15 indicated client #3 was able to understand routine medical and dental care, medical procedures and surgeries, routine medications and psychotropic medications with formal and informal counseling. The consent indicated one of client #3's previous guardians was in the process of obtaining guardianship.</p> <p>During interview with the PD (Program Director) on 6/16/15 at 2 PM, the PD: ___ Indicated client #3's guardian passed away in January 2015. ___ Indicated a previous guardian had expressed a wish to become client #3's guardian. ___ Indicated client #3 did not have a legal representative at the present time. ___ Indicated the IDT (Interdisciplinary Team) currently advocated for client #3 when needed. ___ Indicated recently client #3's physician had indicated client #3 no longer needed to have routine cancer screening and no longer needed to have an annual pap smear conducted. ___ Indicated the IDT had agreed with client #3's physician and client #3 had given written consent. ___ Indicated client #3 understood some of the medical procedures conducted. ___ Indicated client #3 was not able to advocate for herself in regard to her medical and psychological needs and was</p>		<p>5. What is the date by which the systemic changes will be completed? 7/19/15</p>				

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W 0249 Bldg. 00	<p>in need of a representative.</p> <p>This deficiency was cited on 5/8/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure the staff implemented client #4's Falls Risk Plan and dining plan.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/15/15 between 4 PM and 7:30 PM. Client #4 was an elderly woman that walked at a fast unsteady pace and required hands on assistance from the staff while wearing a gait belt and using a 4 wheeled rolling walker. __At 6:40 PM client #4 was sitting at the</p>	W 0249	<p>W 249 PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> All individual program plans will include continuous active treatment. 	07/19/2015			

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	<p>table with all of her housemates and three staff. Staff #3 sat at the end of the table by client #4. Client #4 ate her evening meal of one baked pork chop, one baked potato, boiled broccoli, a slice of bread with margarine and sliced peaches. Client #4 ate at a fast pace while taking large bites and did not set her utensils down between each bite of food. The staff prompted client #4 to slow down once during the meal and did not prompt client #4 to set her utensils down between bites.</p> <p>___At 7:12 PM client #4 finished her meal, got up from the table, walked into the kitchen to place her plate in the sink, walked back to the table, picked up the remainder of her tableware, carried her tableware to the sink and walked back to the dining room table to sit down. Client #4 did not use her walker while doing this and stumbled once, stopped for a second and then continued walking. Client #4 did not use her walker while taking her dishes to the sink and the staff did not assist her.</p> <p>Observations were conducted at the facility owned day program on 6/17/15 between 1 PM and 3 PM. At 1:30 PM client #4 got up from a recliner, got her walker and began walking to the bathroom. Client #4 got approximately 20 feet from the recliner when the PC (Program Coordinator) walked over to</p>		<ul style="list-style-type: none"> · Staff will be retrained on implementing active treatment consistently and sufficiently. · Program Director (QIDP) will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives. · Program Coordinator will monitor staff implementation of active treatment 5 days per week. · Program Director (QIDP) will monitor completion of active treatment goals through weekly observations, monthly reports and data collection in Therap. · Area Director will monitor compliance with active treatment implementation by running reports on Program Director's (QIDP) weekly observation, twice per month and reviewing monthly data collection reports. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice · All individual program plans will include continuous active treatment. · Staff will be retrained on implementing active treatment consistently and sufficiently. · Program Director (QIDP) will be retrained on writing continuous 	

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	<p>client #4 and walked client #4 to the bathroom and then back to her recliner after using the bathroom.</p> <p>Client #4's electronic record was reviewed on 6/16/15 at 1 PM.</p> <p>Client #4's 2/26/15 Falls Risk Plan indicated "[Client #4] is to ambulate with walker at all times. Staff need to walk beside her and hold onto the gait belt [client #4] is to be wearing to decrease risk of falls. [Client #4] has a tendency to rush and not heed warning to her surroundings so staff is to remind her to slow down and make sure walking pathway is clear."</p> <p>Client #4's 6/10/15 dining plan indicated client #4 was at risk for choking. The plan indicated client #4 takes large bites of food and eats quickly. "Encourage to take small bites when eating and to place utensil down between bites."</p> <p>During interview with staff #1 on 6/15/15 at 5 PM, staff #1: ___ Indicated staff were to be with client #4 whenever client #4 ambulated. ___ Indicated staff were to assist client #4 by holding onto client #4's gait belt whenever client #4 was on her feet and/or ambulating. ___ Indicated client #4 was to use a rolling</p>		<p>active treatment into plan to sufficiently support achievement of objectives.</p> <ul style="list-style-type: none"> · Program Coordinator will monitor staff implementation of active treatment 5 days per week. · Program Director (QIDP) will monitor completion of active treatment goals through weekly observations, monthly reports and data collection in Therap. · Area Director will monitor compliance with active treatment implementation by running reports on Program Director's (QIDP) weekly observation, twice per month and reviewing monthly data collection reports. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All individual program plans will include continuous active treatment. · Staff will be retrained on implementing active treatment consistently and sufficiently. · Program Director (QIDP) will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives. · Program Coordinator will monitor staff implementation of active treatment 5 days per week. · Program Director will monitor completion of active treatment goals through weekly observations, 				

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	<p>walker and wear a gait belt whenever ambulating.</p> <p>During interview with the day program PC (Program Coordinator) on 6/17/15 at 3 PM, the PC: ___ Indicated client #4 was a falls risk, had an unsteady gait, used a 4 wheeled rolling walker, wore a gait belt and required staff assistance whenever ambulating. ___ Indicated client #4 was to have a staff member with her at all times when ambulating. ___ Stated, "She's (client #4 is) too fast sometimes and is up and going before someone can get to her."</p> <p>During interview with the PD (Program Director) on 6/15/15 at 4:30 PM, the PD indicated staff were to implement all of the clients' program plans at every available opportunity.</p> <p>This deficiency was cited on 5/8/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		<p>monthly reports and data collection in Therap.</p> <ul style="list-style-type: none"> · Area Director will monitor compliance with active treatment implementation by running reports on Program Director's (QIDP) weekly observation, twice per month and reviewing monthly data collection reports. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · All individual program plans will include continuous active treatment. · Staff will be retrained on implementing active treatment consistently and sufficiently. · Program Director (QIDP) will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives. · Program Coordinator will monitor staff implementation of active treatment 5 days per week. · Program Director will monitor completion of active treatment goals through weekly observations, monthly reports and data collection in Therap. · Area Director will monitor compliance with active treatment implementation by running reports on Program Director's (QIDP) weekly observation, twice per month and reviewing monthly data collection reports. 	

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