

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G290	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/06/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 23 SKYVIEW DR CHESTERFIELD, IN 46017
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W 000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00160755.</p> <p>Complaint #IN00160755, Substantiated, Federal and State deficiencies related to the allegation are cited at W104, W149, W159, W331 and W460.</p> <p>Dates of survey: March 5 and 6, 2015.</p> <p>Surveyor: Kathy Wanner, QIDP</p> <p>Facility Number: 000809 Provider Number: 15G290 AIMS Number: 100243730</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 17, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p>			

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>Based on record review and interview, the governing body failed to exercise operating direction over the group home by failing to establish a system of oversight which ensured the home maintained sufficient supplies to provide the prescribed diets for 2 of 3 sampled clients (A and B) and 1 additional client (H) per their physician's orders.</p> <p>Findings include:</p> <p>Facility records were reviewed on 3/5/15 at 11:34 A.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <p>A BDDS report dated 11/27/14 for an incident on 11/26/14 at 10:00 A.M. indicated "It was reported on 11/26/14 that there was no liquid thickener in the house for [client A]. It is undetermined at this point, how long he was without thickener. He had no choking incidents. An investigation is underway. The Home Manager (HM #1) has been suspended pending the outcome of the investigation."</p> <p>A BDDS follow-up report dated 12/5/14 indicated "The investigation has concluded. The allegation of neglect was substantiated. The HM's (HM #1's)</p>	W 104	<p>W 104 Governing Body The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All staff will be retrained on the policy for Abuse and Neglect following the investigation of the incident during their team meeting. · Employment was terminated for HM #1 following the outcome of the investigation. · A new Home Manager and Program Director have been hired. · The new Home Manager and Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The new Home Manger and Program Director attended a training that addressed scomm and staff communication on 3-19-15. · The new Program Director attended a training that addressed supervisory visits on 3-24-15. · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the 	04/05/2015			

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	<p>employment has been terminated. [Client A] did not have difficulty drinking without thickened liquids. Thickener is now in the house and being used. All staff will receive a Record of Discussion to retrain on following all clients' dining plans and reporting to the next person in the chain of command, when they see that the HM is not addressing their concerns."</p> <p>The facility's internal investigation documentation dated 12/1/14 was reviewed on 3/5/15 at 11:45 A.M. The documentation indicated "[Name of direct support staff (DSP) #1], commented in her letter of resignation (dated 11/24/14) she had concerns regarding the group home 'always being low on groceries', being out of cranberry and prune juice as needed per the MAR (medication administration record), and not having thickener for [client A]. A review of communication between [DSP #1] and [name of HM #1] reflects [DSP #1] asking [HM #1] on 11/18/14 8:40 A.M. where [client A's] thickener is as [DSP #1] says she looked in the kitchen area and couldn't find it. [DSP #1] added they used the last of it that A.M. On 11/18/14 11:44 A.M. [HM #1] replied to [DSP #1] that she (HM #1) will have to make sure some gets ordered and there should be some in the med room to</p>		<p>Program Director weekly for review.</p> <ul style="list-style-type: none"> · The Home Manager will order additional thickner when down to one bottle. · The Home Manager will turn in all supply orders to the Area Director for approval. Supplies will be ordered monthly and as needed. · Staff will complete end of shift communication using scomms in Therap. This communication will also include the Home Manager, Program Director and Nurse. · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · All staff will be trained on how to complete end of shift communication and the expectations for what to include during their team meeting. · All staff will be trained on the reasons to contact the Home Manager at their next home meeting. · All staff will be trained on who to contact in the event they are unable to reach the Home Manager or when the Home Manager does not address their concern adequately. · During the Program Director's monthly supervisory visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) · The Home Manager will complete monthly a meal observation to ensure that the diets are being 		

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	<p>maybe tie over (sic). Added she will put in an order that day. On 11/19/14 12:25 P.M. [DSP #1] replied to [HM #1] that she had used it yesterday A.M. On 11/20/14 4:32 A.M. [DSP #1] asked [HM #1] how long it takes to get [client A's] thickener adding that she is concerned, since they are out of thickener, he will have a choking incident' Evidence supports [HM #1] was aware on 11/18/14 that [client A] did not have thickener...order for thickener on 11/22/14...with expected delivery date of 11/28/14."</p> <p>Client A's record was reviewed on 3/5/15 at 12:49 P.M. Client A's physician's order indicated he was on a pureed diet with liquids thickened to a nectar consistence. Client A was to have eight ounces of prune juice every morning and cranberry juice (no amount indicated) daily.</p> <p>Client B's record was reviewed on 3/5/15 at 12:52 P.M. Client B's dining plan indicated she was to have eight ounces of cranberry juice daily.</p> <p>DSP #2 was interviewed on 3/5/15 at 4:35 P.M. DSP #2 stated, "We were without thickener for about a week, maybe a little longer. Cranberry juice was out for way longer then the thickener. Prune juice was four days." When asked</p>		<p>followed properly. This documentation will be turned into the Program Director for review.</p> <ul style="list-style-type: none"> · The Nurse will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) while she is in the home completing her monthly visits. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. · The risk and dining plans of Clients A and B will be reviewed with all staff at their team meeting. <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 staff will be retrained on the policy for Abuse and Neglect following the investigation of the incident during their team meeting. · Employment was terminated for HM #1 following the outcome of the investigation. · A new Home Manager and Program Director have been hired. · The new Home Manager and Program Director have attended a training that addressed medical 	

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	<p>which clients were to get cranberry juice and/or prune juice, DSP #2 stated "[client B], [client A] and [client H], a former client who had lived in the home."</p> <p>DSP #3 was interviewed on 3/5/15 at 4:45 P.M. When asked how long the home had been without thickener, DSP #3 stated, "I have no idea at least one to two weeks. The manager (HM #1) was told a lot. A lot of times without cranberry and prune juice too. We never hardly saw her (HM #1). I work split shifts, so I was here for a lot of meals. He (client A) didn't have any problems. We were aware and watched him close. Prompting him to take small bites, small drinks and eat slowly."</p> <p>The Area Director (AD) was interviewed on 3/5/15 at 1:25 P.M. When asked if the staff had neglected to follow the diets for clients A, B and H, the AD stated, "No, they didn't follow their diets...." When asked who was responsible to insure supplies were maintained in the home, the AD stated "The group home manager."</p> <p>This federal tag relates to complaint #IN00160755.</p> <p>9-3-1(a)</p>		<p>communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15.</p> <ul style="list-style-type: none"> · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The new Home Manger and Program Director attended a training that addressed scomm and staff communication on 3-19-15. · The new Program Director attended a training that addressed supervisory visits on 3-24-15. · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the Program Director weekly for review. · The Home Manager will order additional thickner when down to one bottle. · The Home Manager will turn in all supply orders to the Area Director for approval. Supplies will be ordered monthly and as needed. · Staff will complete end of shift communication using scomm in Therap. This communication will also include the Home Manager, Program Director and Nurse. · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · All staff will be trained on 		

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			<p>how to complete end of shift communication and the expectations for what to include during their team meeting.</p> <ul style="list-style-type: none"> · All staff will be trained on the reasons to contact the Home Manager at their next home meeting. · All staff will be trained on who to contact in the event they are unable to reach the Home Manager or when the Home Manager does not address their concern adequately. · During the Program Director's monthly supervisory visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) · The Home Manager will complete monthly a meal observation to ensure that the diets are being followed properly. This documentation will be turned into the Program Director for review. · The Nurse will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) while she is in the home completing her monthly visits. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. · The risk and dining plans of Clients A and B will be reviewed 	

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			<p>with all staff at their team meeting.</p> <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 staff will be retrained on the policy for Abuse and Neglect following the investigation of the incident during their team meeting. · Employment was terminated for HM #1 following the outcome of the investigation. · A new Home Manager and Program Director have been hired. · The new Home Manager and Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The new Home Manger and Program Director attended a training that addressed scomm and staff communication on 3-19-15. · The new Program Director attended a training that addressed supervisory visits on 3-24-15. · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the 	

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			<p>Program Director weekly for review.</p> <ul style="list-style-type: none"> · The Home Manager will order additional thickner when down to one bottle. · The Home Manager will turn in all supply orders to the Area Director for approval. Supplies will be ordered monthly and as needed. · Staff will complete end of shift communication using scomm in Therap. This communication will also include the Home Manager, Program Director and Nurse. · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · All staff will be trained on how to complete end of shift communication and the expectations for what to include during their team meeting. · All staff will be trained on the reasons to contact the Home Manager at their next home meeting. · All staff will be trained on who to contact in the event they are unable to reach the Home Manager or when the Home Manager does not address their concern adequately. · During the Program Director's monthly supervisory visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) · The Home Manager will complete monthly a meal observation to ensure that the diets are being 	

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			<p>followed properly. This documentation will be turned into the Program Director for review.</p> <ul style="list-style-type: none"> · The Nurse will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) while she is in the home completing her monthly visits. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. · The risk and dining plans of Clients A and B will be reviewed with all staff at their team meeting. <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 Home Manager will monitor on a daily basis when they are in the home. · The Program Director will monitor as they complete their audits. · The Home Manager's bi-weekly home observations will be submitted to the Program Director for review. · The Nurse will check the supply of the recommended dietary needs while in the home monthly. · The Home Manager will complete monthly meal observations and documentation will be submitted to the Program Director for review. 	

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W 149 Bldg. 00	<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 record review and interview, the facility failed to follow their policy of Quality and Risk Management for 2 of 3 sampled clients (A and B), and 1 additional client (H), by neglecting to follow their prescribed diets.</p> <p>Findings include:</p> <p>Facility records were reviewed on 3/5/15 at 11:34 A.M. including the Bureau of Developmental Disabilities Services</p>	W 149	<ul style="list-style-type: none"> · The Program Director will complete monthly supervisory visits. · The Program Director will complete monthly group home observations. · Supplies will be ordered by the Home Manager on a monthly and as needed basis. · Weekly med cabinet and supply checks will be completed by the Home Manager and submitted to the Program Director for review. · End of shift communication completed by the DSP staff will be reviewed by the Home Manager, Program Director and Nurse. <p>5. What is the date by which the systemic changes will be completed? April 5, 2015</p> <p>W 149 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>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All staff will be retrained on the policy for Abuse and Neglect following the investigation of the incident during their team meeting. · Employment was terminated 	04/05/2015

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	<p>(BDDS) reports. The BDDS reports indicated the following:</p> <p>A BDDS report dated 11/27/14 for an incident on 11/26/14 at 10:00 A.M. indicated "It was reported on 11/26/14 that there was no liquid thickener in the house for [client A]. It is undetermined at this point, how long he was without thickener. He had no choking incidents. An investigation is underway. The Home Manager (HM #1) has been suspended pending the outcome of the investigation."</p> <p>A BDDS follow-up report dated 12/5/14 indicated "The investigation has concluded. The allegation of neglect was substantiated. The HM's employment has been terminated. [Client A] did not have difficulty drinking without thickened liquids. Thickener is now in the house and being used. All staff will receive a Record of Discussion to retrain on following all clients' dining plans and reporting to the next person in the chain of command, when they see that the HM is not addressing their concerns."</p> <p>The facility's internal investigation documentation dated 12/1/14 was reviewed on 3/5/15 at 11:45 A.M. The documentation indicated "[Name of direct support staff (DSP) #1],</p>		<p>for HM #1 following the outcome of the investigation.</p> <ul style="list-style-type: none"> · A new Home Manager and Program Director have been hired. · The new Home Manager and Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The new Home Manger and Program Director attended a training that addressed scomm and staff communication on 3-19-15. · The new Program Director attended a training that addressed supervisory visits on 3-24-15. · Staff will complete end of shift communication using scommms in Therap. This communication will also include the Home Manager, Program Director and Nurse. · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · All staff will be trained on how to complete end of shift communication and the expectations for what to include during their team meeting. · All staff will be trained on the 	

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	<p>commented in her letter of resignation (dated 11/24/14) she had concerns regarding the group home 'always being low on groceries', being out of cranberry and prune juice as needed per the MAR (medication administration record), and not having thickener for [client A]. A review of communication between [DSP #1] and [HM #1] reflects [DSP #1] asking [HM #1] on 11/18/14 8:40 A.M. where [client A's] thickener is as [DSP #1] says she looked in the kitchen area and couldn't find it. [DSP #1] added they used the last of it that A.M. On 11/18/14 11:44 A.M. [HM #1] replied to [DSP #1] that she (HM #1) will have to make sure some gets ordered and there should be some in the med room to maybe tie over (sic). Added she will put in an order that day. On 11/19/14 12:25 P.M. [DSP #1] replied to [HM #1] that she had used it yesterday A.M. On 11/20/14 4:32 A.M. [DSP #1] asked [HM #1] how long it takes to get [client A's] thickener adding that she is concerned, since they are out of thickener, he will have a choking incident...' Evidence supports [HM #1] was aware on 11/18/14 that [client A] did not have thickener...order for thickener on 11/22/14...with expected delivery date of 11/28/14."</p> <p>Client A's record was reviewed on 3/5/15 at 12:49 P.M. Client A's physician's order</p>		<p>reasons to contact the Home Manager at their next home meeting.</p> <ul style="list-style-type: none"> · All staff will be trained on who to contact in the event they are unable to reach the Home Manager or when the Home Manager does not address their concern adequately. <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 staff will be retrained on the policy for Abuse and Neglect following the investigation of the incident during their team meeting. · Employment was terminated for HM #1 following the outcome of the investigation. · A new Home Manager and Program Director have been hired. · The new Home Manager and Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The new Home Manger and Program Director attended a training 				

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	<p>indicated he was on a pureed diet with liquids thickened to a nectar consistence. Client A was to have eight ounces of prune juice every morning and cranberry juice (no amount indicated) daily.</p> <p>Client B's record was reviewed on 3/5/15 at 12:52 P.M. Client B's dining plan indicated she was to have eight ounces of cranberry juice daily.</p> <p>DSP #2 was interviewed on 3/5/15 at 4:35 P.M. DSP #2 stated, "We were without thickener for about a week, maybe a little longer. Cranberry juice was out for way longer then the thickener. Prune juice was four days." When asked which clients were to get cranberry juice and/or prune juice, DSP #2 stated "[client B], [client A] and [client H], a former client who had lived in the home."</p> <p>DSP #3 was interviewed on 3/5/15 at 4:45 P.M. When asked how long the home had been without thickener, DSP #3 stated, "I have no idea at least one to two weeks. The manager (HM #1) was told a lot. A lot of times without cranberry and prune juice too. We never hardly saw her (HM #1). I work split shifts, so I was here for a lot of meals. He (client A) didn't have any problems. We were aware and watched him close. Prompting him to take small bites, small</p>		<p>that addressed scomm and staff communication on 3-19-15.</p> <ul style="list-style-type: none"> · The new Program Director attended a training that addressed supervisory visits on 3-24-15. · Staff will complete end of shift communication using scomm in Therap. This communication will also include the Home Manager, Program Director and Nurse. · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · All staff will be trained on how to complete end of shift communication and the expectations for what to include during their team meeting. · All staff will be trained on the reasons to contact the Home Manager at their next home meeting. · All staff will be trained on who to contact in the event they are unable to reach the Home Manager or when the Home Manager does not address their concern adequately. <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 staff will be retrained on the policy for Abuse and Neglect following the investigation of the incident during their team meeting. · Employment was terminated for HM #1 following the outcome of the investigation. 		

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	<p>drinks and eat slowly."</p> <p>The Area Director (AD) was interviewed on 3/5/15 at 1:25 P.M. When asked if the staff had neglected to follow the diets for clients A, B and H and therefore had neglected to follow the facility's policy, the AD stated, "No, they didn't follow their diets or our policy."</p> <p>The facility's policy Quality and Risk Management dated 4/2011 was reviewed on 3/6/15 at 12:00 P.M. and indicated "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying evaluating and reducing risk to which individuals are exposed... B.1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...."</p> <p>This federal tag relates to complaint #IN00160755.</p> <p>9-3-2(a)</p>		<ul style="list-style-type: none"> · A new Home Manager and Program Director have been hired. · The new Home Manager and Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The new Home Manger and Program Director attended a training that addressed scomm and staff communication on 3-19-15. · The new Program Director attended a training that addressed supervisory visits on 3-24-15. · Staff will complete end of shift communication using scommms in Therap. This communication will also include the Home Manager, Program Director and Nurse. · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · All staff will be trained on how to complete end of shift communication and the expectations for what to include during their team meeting. · All staff will be trained on the reasons to contact the Home Manager at their next home meeting. 		

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			<ul style="list-style-type: none"> · All staff will be trained on who to contact in the event they are unable to reach the Home Manager or when the Home Manager does not address their concern adequately. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · The Home Manager will monitor on a daily basis when they are in the home. · The Program Director will monitor as they complete their audits. · The Home Manager's bi-weekly home observations will be submitted to the Program Director for review. · The Nurse will check the supply of the recommended dietary needs while in the home monthly. · The Home Manager will complete monthly meal observations and submit the documentation to the Program Director for review. · The Program Director will complete monthly supervisory visits. · The Program Director will complete monthly group home observations. · Supplies will be ordered by the Home Manager on a monthly and as needed basis. · Weekly med cabinet and supply checks will be completed by the Home Manager and submitted to the Program Director for review. · End of shift communication completed by the DSP staff will be reviewed by the Home Manager, 	

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W 159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failure to monitor the qualified intellectual disabilities professional's (QIDP's) oversight of staff supervision adequately ensured the prescribed diets for 2 of 3 sampled clients (A and B) and 1 additional client (H) were followed per their physician's order.</p> <p>Findings include:</p> <p>Facility records were reviewed on 3/5/15 at 11:34 A.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <p>A BDDS report dated 11/27/14 for an incident on 11/26/14 at 10:00 A.M. indicated "It was reported on 11/26/14 that there was no liquid thickener in the house for [client A]. It is undetermined at this point, how long he was without</p>	W 159	<p>Program Director and Nurse.</p> <p>5. What is the date by which the systemic changes will be completed? April 5th, 2015</p> <p>W 159 Qualified Mental Retardation Professional Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · A new Program Director has been hired. · The new Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Program Director attended a training that addressed scomm and staff communication on 3-19-15. · The new Program Director attended a training that addressed 	04/05/2015

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	<p>thickener. He had no choking incidents. An investigation is underway. The Home Manager (HM #1) has been suspended pending the outcome of the investigation."</p> <p>A BDDS follow-up report dated 12/5/14 indicated "The investigation has concluded. The allegation of neglect was substantiated. The HM's employment has been terminated. [Client A] did not have difficulty drinking without thickened liquids. Thickener is now in the house and being used. All staff will receive a Record of Discussion to retrain on following all clients' dining plans and reporting to the next person in the chain of command, when they see that the HM is not addressing their concerns."</p> <p>The facility's internal investigation documentation dated 12/1/14 was reviewed on 3/5/15 at 11:45 A.M. The documentation indicated "[Name of direct support staff (DSP) #1], commented in her letter of resignation (dated 11/24/14) she had concerns regarding the group home 'always being low on groceries,' being out of cranberry and prune juice as needed per the MAR (medication administration record), and not having thickener for [client A]. A review of communication between [DSP #1] and [name of HM #1] reflects [DSP</p>		<p>supervisory visits on 3-24-15.</p> <ul style="list-style-type: none"> · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the Program Director weekly for review. · Staff will complete end of shift communication using scommms in Therap. This communication will also include the Home Manager, Program Director and Nurse. · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · During the Program Director's monthly supervisory visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) · The Home Manager will complete monthly a meal observation to ensure that the diets are being followed properly. This documentation will be turned into the Program Director for review. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. <p>2. How will we identify other residents having the potential to be affected by the same deficient</p>	

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	<p>#1] asking [HM #1] on 11/18/14 8:40 A.M. where [client A's] thickener is as [DSP #1] says she looked in the kitchen area and couldn't find it. [DSP #1] added they used the last of it that A.M. On 11/18/14 11:44 A.M. [HM #1] replied to [DSP #1] that she (HM #1) will have to make sure some gets ordered and there should be some in the med room to maybe tie over (sic). Added she will put in an order that day. On 11/19/14 12:25 P.M. [DSP #1] replied to [HM #1] that she had used it yesterday A.M. On 11/20/14 4:32 A.M. [DSP #1] asked [HM #1] how long it takes to get [client A's] thickener adding that she is concerned, since they are out of thickener, he will have a choking incident....' Evidence supports [HM #1] was aware on 11/18/14 that [client A] did not have thickener...order for thickener on 11/22/14...with expected delivery date of 11/28/14."</p> <p>Client A's record was reviewed on 3/5/15 at 12:49 P.M. Client A's physician's order indicated he was on a pureed diet with liquids thickened to a nectar consistence. Client A was to have eight ounces of prune juice every morning and cranberry juice (no amount indicated) daily.</p> <p>Client B's record was reviewed on 3/5/15 at 12:52 P.M. Client B's dining plan</p>		<p>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. · A new Program Director has been hired. · The new Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Program Director attended a training that addressed scomm and staff communication on 3-19-15. · The new Program Director attended a training that addressed supervisory visits on 3-24-15. · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the Program Director weekly for review. · Staff will complete end of shift communication using scomm in Therap. This communication will also include the Home Manager, Program Director and Nurse. · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · During the Program Director's monthly supervisory 				

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	<p>indicated she was to have eight ounces of cranberry juice daily.</p> <p>DSP #2 was interviewed on 3/5/15 at 4:35 P.M. DSP #2 stated, "We were without thickener for about a week, maybe a little longer. Cranberry juice was out for way longer then the thickener. Prune juice was four days." When asked which clients were to get cranberry juice and/or prune juice, DSP #2 stated "[client B], [client A] and [client H], a former client who had lived in the home."</p> <p>DSP #3 was interviewed on 3/5/15 at 4:45 P.M. When asked how long the home had been without thickener, DSP #3 stated, "I have no idea at least one to two weeks. The manager (HM #1) was told a lot. A lot of times without cranberry and prune juice too. We never hardly saw her (HM #1). I work split shifts, so I was here for a lot of meals. He (client A) didn't have any problems. We were aware and watched him close. Prompting him to take small bites, small drinks and eat slowly."</p> <p>The Area Director (AD) was interviewed on 3/5/15 at 1:25 P.M. When asked if the staff had neglected to follow the diets for clients A, B and H, the AD stated, "No, they didn't follow their diets...." When asked who was responsible to insure</p>		<p>visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.)</p> <ul style="list-style-type: none"> · The Home Manager will complete monthly a meal observation to ensure that the diets are being followed properly. This documentation will be turned into the Program Director for review. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · A new Program Director has been hired. · The new Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Program Director attended a training that addressed scomm and staff communication on 3-19-15. 		

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	<p>supplies were maintained in the home, the AD stated "The group home manager." When asked who was responsible to see that the home manager was insuring supplies for clients' diets were maintained in the home, the AD stated, "The program director/QIDP."</p> <p>This federal tag relates to complaint #IN00160755.</p> <p>9-3-3(a)</p>		<ul style="list-style-type: none"> · The new Program Director attended a training that addressed supervisory visits on 3-24-15. · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the Program Director weekly for review. · Staff will complete end of shift communication using scommms in Therap. This communication will also include the Home Manager, Program Director and Nurse. · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · During the Program Director's monthly supervisory visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) · The Home Manager will complete monthly a meal observation to ensure that the diets are being followed properly. This documentation will be turned into the Program Director for review. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. <p>4. How will the corrective</p>	

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W 331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility's nursing services failed to ensure the prescribed diets for 2 of 3	W 331	<p>action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Director will monitor as they complete their audits. · The Home Manager's bi-weekly home observations will be submitted to the Program Director for review. · The Home Manager will complete monthly meal observations and submit the documentation to the Program Director for review. · The Program Director will complete monthly supervisory visits. · The Program Director will complete monthly group home observations. · Weekly med cabinet and supply checks will be completed by the Home Manager and submitted to the Program Director for review. · End of shift communication completed by the DSP staff will be reviewed by the Home Manager, Program Director and Nurse. <p>5. What is the date by which the systemic changes will be completed? April 5, 2015</p> <p>W 331 Nursing Services The facility must provide clients with nursing services in accordance with their needs.</p>	04/05/2015

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	<p>sampled clients (A and B), and 1 additional client (H), were followed per their physician's order by failing to provide oversight.</p> <p>Findings include:</p> <p>Facility records were reviewed on 3/5/15 at 11:34 A.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <p>A BDDS report dated 11/27/14 for an incident on 11/26/14 at 10:00 A.M. indicated "It was reported on 11/26/14 that there was no liquid thickener in the house for [client A]. It is undetermined at this point, how long he was without thickener. He had no choking incidents. An investigation is underway. The Home Manager (HM #1) has been suspended pending the outcome of the investigation."</p> <p>A BDDS follow-up report dated 12/5/14 indicated "The investigation has concluded. The allegation of neglect was substantiated. The HM's employment has been terminated. [Client A] did not have difficulty drinking without thickened liquids. Thickener is now in the house and being used. All staff will receive a Record of Discussion to retrain on</p>		<p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The new Home Manager and Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The new Home Manager and Program Director attended a training that addressed scomm and staff communication on 3-19-15. · The new Program Director attended a training that addressed supervisory visits on 3-24-15. · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the Program Director weekly for review. · The Home Manager will order additional thickner when down to one bottle. · The Home Manager will turn in all supply orders to the Area Director for approval. Supplies will be ordered monthly and as needed. · Staff will complete end of shift communication using scomm in Therap. This communication will also include the Home Manager, Program Director and Nurse. 	

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	<p>following all clients' dining plans and reporting to the next person in the chain of command, when they see that the HM is not addressing their concerns."</p> <p>The facility's internal investigation documentation dated 12/1/14 was reviewed on 3/5/15 at 11:45 A.M. The documentation indicated "[Name of direct support staff (DSP) #1], commented in her letter of resignation (dated 11/24/14) she had concerns regarding the group home 'always being low on groceries,' being out of cranberry and prune juice as needed per the MAR (medication administration record), and not having thickener for [client A]. A review of communication between [DSP #1] and [name of HM #1] reflects [DSP #1] asking [HM #1] on 11/18/14 8:40 A.M. where [client A's] thickener is as [DSP #1] says she looked in the kitchen area and couldn't find it. [DSP #1] added they used the last of it that A.M. On 11/18/14 11:44 A.M. [HM #1] replied to [DSP #1] that she (HM #1) will have to make sure some gets ordered and there should be some in the med room to maybe tie over (sic). Added she will put in an order that day. On 11/19/14 12:25 P.M. [DSP #1] replied to [HM #1] that she had used it yesterday A.M. On 11/20/14 4:32 A.M. [DSP #1] asked [HM #1] how long it takes to get [client A's]</p>		<ul style="list-style-type: none"> · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · All staff will be trained on how to complete end of shift communication and the expectations for what to include during their team meeting. · During the Program Director's monthly supervisory visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickener, prune juice, cranberry juice, etc.) · The Home Manager will complete monthly a meal observation to ensure that the diets are being followed properly. This documentation will be turned into the Program Director for review. · The Nurse will check the supply of the recommended dietary needs (i.e. thickener, prune juice, cranberry juice, etc.) while she is in the home completing her monthly visits. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. <p>2. How will we identify other residents having the potential to be affected by the same deficient</p>	

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	<p>thickener adding that she is concerned, since they are out of thickener, he will have a choking incident...! Evidence supports [HM #1] was aware on 11/18/14 that [client A] did not have thickener...order for thickener on 11/22/14...with expected delivery date of 11/28/14."</p> <p>Client A's record was reviewed on 3/5/15 at 12:49 P.M. Client A's physician's order indicated he was on a pureed diet with liquids thickened to a nectar consistence. Client A was to have eight ounces of prune juice every morning and cranberry juice (no amount indicated) daily.</p> <p>Client B's record was reviewed on 3/5/15 at 12:52 P.M. Client B's dining plan indicated she was to have eight ounces of cranberry juice daily.</p> <p>DSP #2 was interviewed on 3/5/15 at 4:35 P.M. DSP #2 stated, "We were without thickener for about a week, maybe a little longer. Cranberry juice was out for way longer then the thickener. Prune juice was four days." When asked which clients were to get cranberry juice and/or prune juice, DSP #2 stated "[client B], [client A] and [client H], a former client who had lived in the home at the time."</p>		<p>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. · The new Home Manager and Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The new Home Manger and Program Director attended a training that addressed scomm and staff communication on 3-19-15. · The new Program Director attended a training that addressed supervisory visits on 3-24-15. · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the Program Director weekly for review. · The Home Manager will order additional thickner when down to one bottle. · The Home Manager will turn in all supply orders to the Area Director for approval. Supplies will be ordered monthly and as needed. · Staff will complete end of shift communication using scomm in Therap. This communication will 		

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	<p>DSP #3 was interviewed on 3/5/15 at 4:45 P.M. When asked how long the home had been without thickener, DSP #3 stated, "I have no idea at least one to two weeks. The manager (HM #1) was told a lot. A lot of times without cranberry and prune juice too. We never hardly saw her (HM #1). I work split shifts, so I was here for a lot of meals. He (client A) didn't have any problems. We were aware and watched him close. Prompting him to take small bites, small drinks and eat slowly."</p> <p>The Area Director (AD) was interviewed on 3/5/15 at 1:25 P.M. When asked if the staff had neglected to follow the diets for clients A, B and H, the AD stated, "No, they didn't follow their diets...." When asked how often the nurse is in the home to monitor meal times and insure prescribed diets are followed, the AD stated, "The nurse goes frequently for high risk clients, but about monthly for the other homes. She may or may not observe a meal while she is there it just depends." The AD indicated the nurse did not frequently go to the group home where clients A, B and H had lived."</p> <p>This federal tag relates to complaint #IN00160755.</p> <p>9-3-6(a)</p>		<p>also include the Home Manager, Program Director and Nurse.</p> <ul style="list-style-type: none"> · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · All staff will be trained on how to complete end of shift communication and the expectations for what to include during their team meeting. · During the Program Director's monthly supervisory visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) · The Home Manager will complete monthly a meal observation to ensure that the diets are being followed properly. This documentation will be turned into the Program Director for review. · The Nurse will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) while she is in the home completing her monthly visits. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. <p>3. What measures will be put</p>				

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			<p>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"> · The new Home Manager and Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The new Home Manger and Program Director attended a training that addressed scomm and staff communication on 3-19-15. · The new Program Director attended a training that addressed supervisory visits on 3-24-15. · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the Program Director weekly for review. · The Home Manager will order additional thickner when down to one bottle. · The Home Manager will turn in all supply orders to the Area Director for approval. Supplies will be ordered monthly and as needed. · Staff will complete end of shift communication using scomm in Therap. This communication will also include the Home Manager, 	

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			<p>Program Director and Nurse.</p> <ul style="list-style-type: none"> · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · All staff will be trained on how to complete end of shift communication and the expectations for what to include during their team meeting. · During the Program Director's monthly supervisory visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) · The Home Manager will complete monthly a meal observation to ensure that the diets are being followed properly. This documentation will be turned into the Program Director for review. · The Nurse will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) while she is in the home completing her monthly visits. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. <p>4. How will the corrective action be monitored to ensure the</p>	

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W 460	483.480(a)(1)		<p>deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Home Manager will monitor on a daily basis when they are in the home. · The Program Director will monitor as they complete their audits. · The Home Manager's bi-weekly home observations will be submitted to the Program Director for review. · The Nurse will check the supply of the recommended dietary needs while in the home monthly. · The Home Manager will complete monthly meal observations and documentation will be submitted to the Program Director for review. · The Program Director will complete monthly supervisory visits. · The Program Director will complete monthly group home observations. · Supplies will be ordered by the Home Manager on a monthly and as needed basis. · Weekly med cabinet and supply checks will be completed by the Home Manager and submitted to the Program Director for review. · End of shift communication completed by the DSP staff will be reviewed by the Home Manager, Program Director and Nurse. <p>5. What is the date by which the systemic changes will be completed? April 5, 2015</p>	

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Bldg. 00	<p>FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on record review and interview, the facility failed to ensure the prescribed diets for 2 of 3 sampled clients (A and B) and 1 additional client (H) were followed per their physician's order.</p> <p>Findings include:</p> <p>Facility records were reviewed on 3/5/15 at 11:34 A.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. The BDDS reports indicated the following:</p> <p>A BDDS report dated 11/27/14 for an incident on 11/26/14 at 10:00 A.M. indicated "It was reported on 11/26/14 that there was no liquid thickener in the house for [client A]. It is undetermined at this point, how long he was without thickener. He had no choking incidents. An investigation is underway. The Home Manager (HM #1) has been suspended pending the outcome of the investigation."</p> <p>A BDDS follow-up report dated 12/5/14 indicated "The investigation has concluded. The allegation of neglect was substantiated. The HM's employment has been terminated. [Client A] did not have</p>	W 460	<p>W 460 Food and Nutrition Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The new Home Manager and Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the Program Director weekly for review. · The Home Manager will order additional thickner when down to one bottle. · The Home Manager will turn in all supply orders to the Area Director for approval. Supplies will be ordered monthly and as needed. · Staff will complete end of shift communication using scomms in Therap. This communication will 	04/05/2015	

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	<p>difficulty drinking without thickened liquids. Thickener is now in the house and being used. All staff will receive a Record of Discussion to retrain on following all clients' dining plans and reporting to the next person in the chain of command, when they see that the HM is not addressing their concerns."</p> <p>The facility's internal investigation documentation dated 12/1/14 was reviewed on 3/5/15 at 11:45 A.M. The documentation indicated "[Name of direct support staff (DSP) #1], commented in her letter of resignation (dated 11/24/14) she had concerns regarding the group home 'always being low on groceries,' being out of cranberry and prune juice as needed per the MAR (medication administration record), and not having thickener for [client A]. A review of communication between [DSP #1] and [name of HM #1] reflects [DSP #1] asking [HM #1] on 11/18/14 8:40 A.M. where [client A's] thickener is as [DSP #1] says she looked in the kitchen area and couldn't find it. [DSP #1] added they used the last of it that A.M. On 11/18/14 11:44 A.M. [HM #1] replied to [DSP #1] that she (HM #1) will have to make sure some gets ordered and there should be some in the med room to maybe tie over (sic). Added she will put in an order that day. On 11/19/14 12:25</p>		<p>also include the Home Manager, Program Director and Nurse.</p> <ul style="list-style-type: none"> · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · All staff will be trained on how to complete end of shift communication and the expectations for what to include during their team meeting. · During the Program Director's monthly supervisory visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) · The Home Manager will complete monthly a meal observation to ensure that the diets are being followed properly. This documentation will be turned into the Program Director for review. · The Nurse will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) while she is in the home completing her monthly visits. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. · The risk and dining plans of Clients A and B will be reviewed 	

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	<p>P.M. [DSP #1] replied to [HM #1] that she had used it yesterday A.M. On 11/20/14 4:32 A.M. [DSP #1] asked [HM #1] how long it takes to get [client A's] thickener adding that she is concerned, since they are out of thickener, he will have a choking incident....' Evidence supports [HM #1] was aware on 11/18/14 that [client A] did not have thickener...order for thickener on 11/22/14...with expected delivery date of 11/28/14."</p> <p>Client A's record was reviewed on 3/5/15 at 12:49 P.M. Client A's physician's order indicated he was on a pureed diet with liquids thickened to a nectar consistence. Client A was to have eight ounces of prune juice every morning and cranberry juice (no amount indicated) daily.</p> <p>Client B's record was reviewed on 3/5/15 at 12:52 P.M. Client B's dining plan indicated she was to have eight ounces of cranberry juice daily.</p> <p>DSP #2 was interviewed on 3/5/15 at 4:35 P.M. DSP #2 stated, "We were without thickener for about a week, maybe a little longer. Cranberry juice was out for way longer then the thickener. Prune juice was four days." When asked which clients were to get cranberry juice and/or prune juice, DSP #2 stated "[client</p>		<p>with all staff at their team meeting.</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. · The new Home Manager and Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the Program Director weekly for review. · The Home Manager will order additional thickner when down to one bottle. · The Home Manager will turn in all supply orders to the Area Director for approval. Supplies will be ordered monthly and as needed. · Staff will complete end of shift communication using scomm in Therap. This communication will also include the Home Manager, Program Director and Nurse. 	

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	<p>B], [client A] and [client H], a former client who had lived in the home at the time."</p> <p>DSP #3 was interviewed on 3/5/15 at 4:45 P.M. When asked how long the home had been without thickener, DSP #3 stated, "I have no idea at least one to two weeks. The manager (HM #1) was told a lot. A lot of times without cranberry and prune juice too. We never hardly saw her (HM #1). I work split shifts, so I was here for a lot of meals. He (client A) didn't have any problems. We were aware and watched him close. Prompting him to take small bites, small drinks and eat slowly."</p> <p>The Area Director (AD) was interviewed on 3/5/15 at 1:25 P.M. When asked if the staff had neglected to follow the diets for clients A, B and H, the AD stated, "No, they didn't follow their diets...." When asked how long the home had been with out thickener and juices the AD stated, "We think it was about a week for the thickener. The juice we are not sure. The staff mark not given on the MAR, and it could either mean the client refused it or it wasn't given because it wasn't in the home."</p> <p>A Review of client A's MAR on 3/5/15 at 11:55 A.M. indicated: "missing</p>		<ul style="list-style-type: none"> · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. · All staff will be trained on how to complete end of shift communication and the expectations for what to include during their team meeting. · During the Program Director's monthly supervisory visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) · The Home Manager will complete monthly a meal observation to ensure that the diets are being followed properly. This documentation will be turned into the Program Director for review. · The Nurse will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) while she is in the home completing her monthly visits. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. · The risk and dining plans of Clients A and B will be reviewed with all staff at their team meeting. 	

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	<p>documentation for prune juice on 11/14/14 and missed/refused on 11/26/14. Cranberry juice marked as missed/refused on 11/1/14 through 11/8/14, 11/11/14, 11/12/14, 11/13/14, 11/15/14, and 11/16/14. There is no documentation for 11/14/14 and 11/17/14. Staff did not document on 11/18/14-11/26/14 that cranberry juice had been given...There is a place on the MAR for staff to document that they followed his dining plan which includes the use of thickener at each meal. There is no documentation on 11/3/14 6:00 P.M. 11/7/14 12:00 P.M. or 6:00 P.M. 11/10/14 12:00 P.M. or 6:00 P.M. 11/13/14 6:00 P.M. 11/14/14 6:00 A.M. 11/14/14 6:00 A.M. 11/15/14 6:00 P.M. 11/17/14 6:00 A.M. 11/21/14 6:00 P.M. and 11/25/14 6:00 P.M."</p> <p>This federal tag relates to complaint #IN00160755.</p> <p>9-3-8(a)</p>		<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"> · The new Home Manager and Program Director have attended a training that addressed medical communication expectations, med cabinet checks and ordering, how to documentation medication errors, MAR's monitoring, dietary monitoring and recommendations, and understanding of risk plans and protocols on 3-6-15. · The new Home Manager attended training that addressed med cabinet checks and the expectations of meal observations on 3-27-15. · The Home Manager will be expected to complete weekly med cabinet and supply checks. These checks will be turned into the Program Director weekly for review. · The Home Manager will order additional thickner when down to one bottle. · The Home Manager will turn in all supply orders to the Area Director for approval. Supplies will be ordered monthly and as needed. · Staff will complete end of shift communication using scomms in Therap. This communication will also include the Home Manager, Program Director and Nurse. · End of shift communication will be reviewed by the Home Manager, Program Director and Nurse to ensure that staff's requests and concerns are addressed. 	

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 23 SKYVIEW DR CHESTERFIELD, IN 46017
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(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
			<ul style="list-style-type: none"> · All staff will be trained on how to complete end of shift communication and the expectations for what to include during their team meeting. · During the Program Director's monthly supervisory visits, the Program Director will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) · The Home Manager will complete monthly a meal observation to ensure that the diets are being followed properly. This documentation will be turned into the Program Director for review. · The Nurse will check the supply of the recommended dietary needs (i.e. thickner, prune juice, cranberry juice, etc.) while she is in the home completing her monthly visits. · The Home Manager will complete bi-weekly home observations. This documentation will be turned into the Program Director for review. · The Program Director will complete monthly home observations. · The risk and dining plans of Clients A and B will be reviewed with all staff at their team meeting. <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 Home Manager will monitor on a daily basis when they 	

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			<p>are in the home.</p> <ul style="list-style-type: none"> · The Program Director will monitor as they complete their audits. · The Home Manager's bi-weekly home observations will be submitted to the Program Director for review. · The Nurse will check the supply of the recommended dietary needs while in the home monthly. · The Home Manager will complete monthly meal observations and documentation will be submitted to the Program Director for review. · The Program Director will complete monthly supervisory visits. · The Program Director will complete monthly group home observations. · Supplies will be ordered by the Home Manager on a monthly and as needed basis. · Weekly med cabinet and supply checks will be completed by the Home Manager and submitted to the Program Director for review. · End of shift communication completed by the DSP staff will be reviewed by the Home Manager, Program Director and Nurse. <p>5. What is the date by which the systemic changes will be completed? April 5, 2015</p>		