

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G343	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/13/2014
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 6/3, 6/4, 6/5, 6/6, 6/9, 6/10, and 6/13/2014.</p> <p>Provider Number: 15G343 AIM Number: 100244170 Facility Number: 000859</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/20/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients (clients #5, #6, #7, and #8), the governing body failed to exercise operating direction over the facility to complete maintenance and repairs for client #1, #2, #3, #4, #5, #6, #7, and #8's hallway tile, kitchen tile, and dining room tile floors. The governing</p>	W000104	<p>W 104 Governing Body The governing body must exercise general policy, budget, and operating direction over the facility. 1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Kitchen and Hallway tile floors were stripped and waxed on 6-10-14 and 6-12-14. · Living Room carpet and furniture were cleaned on 6-12-14. 	07/13/2014

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

TITLE

(X6) DATE

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

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	<p>body failed to exercise operating direction over the facility to complete maintenance for clients #5 and #6's missing closet doors.</p> <p>Findings include:</p> <p>On 6/3/14 from 3:45pm until 6:20pm, and on 6/4/14 from 5:30am until 7:30am, clients #1, #2, #3, #4, #5, #6, #7, and #8 walked throughout the group home and the hallways, dining room, and kitchen floor tile had a dirt build up. During both observation periods client #5 and #6's shared bedroom had a closet missing one of two (1 of 2) closet doors. At 5:25pm, the Residential Manager stated the tile floors in the hallways, dining room, and kitchen were "last stripped and waxed over one (1) year ago." The Residential Manager indicated the hallways, dining room, and kitchen tile floors had a dirt build up and had no wax finish on the floor.</p> <p>On 6/10/14 at 1:55pm, an interview with the Residential Coordinator/QIDP (RC/Qualified Intellectual Disabilities Professional) was conducted. The RC/QIDP stated clients #1, #2, #3, #4, #5, #6, #7, and #8's hallways, dining room, and kitchen tile had not been stripped and waxed for "over 1 year." The RC/QIDP stated the group home</p>		<p>· Maintenance has been contacted and will replace closet doors. · House Manager was retrained on maintenance notification and on scheduling floor cleanings when needed. 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? · All residents have the potential to be affected by the same deficient practice. · Per Indiana Mentor policy, Health and Safety Assessments are conducted quarterly, with the last visit being conducted on 6-27-14. The next is due between July and September 2014. · Program Director conducts monthly supervisory visits, with the last visit being conducted on 6-18-14. · Area Director conducts quarterly supervisory visits, with the last visit being on 7-1-14. · Regional Director conducts quarterly supervisory visits. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · Per Indiana Mentor policy, Health and Safety Assessments are conducted quarterly, with the last visit being conducted on 6-27-14. The next is due between July and September 2014. · Program Director conducts monthly supervisory visits, with the last visit being conducted on 6-18-14.</p>				

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W000120	<p>floors in the hallways, dining room, and kitchen had a dirt build up and were "dingy" looking. The RC/QIDP indicated clients #5 and #6 had a missing closet door in their shared bedroom.</p> <p>On 6/13/14 at 8:30am, an interview with the Area Director was conducted. The Area Director indicated the facility had no pending maintenance.</p> <p>9-3-1(a)</p> <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on observation, record review, and interview of 4 sampled clients (client #3) and 1 additional (client #7) who attended the outside workshop services, the facility failed to ensure the outside workshop met client #3 and #7's identified needs.</p> <p>Findings include:</p> <p>On 6/4/14 from 9:35am until 11:35am, the facility's workshop classroom was observed with clients #3 and #7. From 9:35am until 11:35am, client #3 sat in a chair with her chin to her chest and her</p>	W000120	<p>· Area Director conducts quarterly supervisory visits, with the last visit being on 7-1-14. · Regional Director conducts quarterly supervisory visits. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · The Home Manager will monitor daily when they are in the home. · The Program Director will monitor on a regular basis when they are in the home and during monthly supervisory visits. · The Area and Regional Directors will monitor as they complete their quarterly supervisory visits. 5. What is the date by which the systemic changes will be completed? July 13,2014.</p> <p>W 120 Services Provided with Outside Sources. The facility must assure that outside services meet the needs of each client. 1. What corrective action will be accomplished? · IDT meeting will be conducted with the workshop supervisor to discuss the needs of the clients and any changes that need to be implemented. · House Manager and Program Director will conduct regular workshop observations. · Program Director will provide any necessary retraining for workshop staff. 2. How will we</p>	07/13/2014	

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	<p>eyes were closed. Client #3 was not prompted to activity and did not participate in the classroom. From 9:35am until 11:35am, client #7 sat in a rocking chair with her legs crossed and was not prompted to participate in an activity. From 9:35am until 11:35am, client #7 was assisted to the bathroom twice by the workshop staff. At 11:35am, client #7 was asked by workshop staff to come to lunch. The facility staff took client #7 by the hand, walked into an adjoining room, client #7's lunch was preset from her lunch box on a table, and client #7 sat down at the table and fed herself. Client #7 was not prompted or encouraged to unpack, heat, or assemble her lunch items. Client #7 did not wash her hands.</p> <p>On 6/10/14 at 9:40am, client #3's record was reviewed. Client #3's 12/18/13 ISP (Individual Support Plan) indicated goals/objectives to regulate water temperature, sort laundry, identify \$.15 (fifteen cents), independently wash her hair, navigate independently throughout the group home, and participate in activities and outings of her choice. Client #3's ISP indicated she was legally blind, was at risk for falls with a recent fracture of her tibia, and attending physical therapy for exercise and strengthening.</p>		<p>identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be affected by the same deficient practice. · House Manager and Program Director will conduct regular workshop observations. · Program Director will provide regular training on client needs. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? · House Manager and Program Director will conduct regular workshop observations. · Program Director will provide regular training on client needs. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · The Home Manager will monitor regularly while in workshop and during workshop observations · The Program Director will monitor regularly during workshop observations. 5. What is the date by which the systemic changes will be completed? July 13, 2014</p>				

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W000149	<p>On 6/10/14 at 10:30am, client #7's 6/2/14 ISP indicated she was in need of staff supervision, was non verbal, had goals/objectives to wash her hands, select an activity of her choice, and complete requests.</p> <p>On 6/10/14 at 1:55pm, an interview with the Residential Coordinator/QIDP (RC/Qualified Intellectual Disabilities Professional) was conducted. The RC/QIDP indicated clients #3 and #7 should have been prompted and encouraged to participate in an activity at the contracted day services. The RC/QIDP indicated client #3 was blind and should have been offered and encouraged to participate in the group activities. The RC/QIDP indicated client #7 was non verbal, should have been prompted and could have assisted with unpacking her lunch, washing her hands, and participate in the group activities in the workshop classroom.</p> <p>9-3-1(a)</p> <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,</p>	W000149	W 149 Staff Treatment of Clients The facility must develop	07/13/2014			

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	<p>for 1 of 1 allegation of abuse, neglect, and/or mistreatment (for clients #1, #2, #3, #4, #5, #6, #7, and #8), the facility neglected to ensure staff were on duty and providing staff supervision at the group home for clients #1, #2, #3, #4, #5, #6, #7, and #8.</p> <p>Findings include:</p> <p>On 6/3/14 at 2:15pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 09/2013 through 6/3/14 and indicated the following:</p> <p>-A 12/21/13 BDDS report for an incident on 12/21/13 at 12:30am, indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 were at the group home alone without staff on duty at the group home. The report indicated the Residential Coordinator/Qualified Intellectual Disabilities Professional (RC/QIDP) "received a phone call from the on call site manager at 12:40am" indicating "when the night shift staff came on duty at 12:30am, they found the clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) home alone." The report indicated the staff who had been on duty "left the home to report to another home for a shift."</p> <p>-A 12/29/13 Follow Up BDDS report</p>		<p>and implement written policies and procedures that prohibit mistreatment, neglect tor abuse of the client. 1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff have signed off on and acknowledged Indiana Mentor's Quality and Risk Management Policy and Safety Policy. · House Manager and Program Director will retrain on Abuse and Neglect during the staff meeting on 7-14-14. · Employment of accused staff was terminated. · The supervision levels of all clients will be reviewed during the staff meeting on 7-14-14. · Communication has been sent to all staff at the group home to review the risk management and safety policies. <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. · Staff will be retrained on Indiana Mentor's Quality and Risk Management and Safety policies on July 14th, 2014. · Staff have acknowledged their understanding of Indiana Mentor's Quality and Risk Management Policy and Safety Policy. · House Manager and Program Director will provide consistent training and support to staff at the home. · The supervision levels of all clients will be reviewed during the staff 				

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	<p>indicated "the investigation uncovered that the midnight staff scheduled to work...was late getting on shift. [Name of staff] was scheduled to work [at the group home] until 11:30pm, no one reported to relieve [staff's name] at 11:30pm, so she called the site manager on call and stated that no one had arrived [at the group home] to relieve her. At that point there was a miscommunication where [the staff person] thought her superior had told her to go ahead and leave the group home even though no staff was there." The report indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 were left alone "for approximately a half hour."</p> <p>On 6/3/14 at 2:15pm, the facility's investigation for the 12/21/13 incident indicated staff was suspended, the incident investigated, and the results were substantiated neglect for leaving clients #1, #2, #3, #4, #5, #6, #7, and #8 home alone without staff on duty at the group home.</p> <p>On 6/5/14 at 9:25am, an interview with the Area Director and the RC/QIDP was conducted. Both the Area Director and the RC/QIDP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 had been left home alone at the group home without staff supervision. The Area Director indicated</p>		<p>meeting on 7-14-14.</p> <ul style="list-style-type: none"> · Communication has been sent to all staff at the group home to review the risk management and safety policies. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · Staff will be retrained on Indiana Mentor's Indiana Mentor's Quality and Risk Management Policy and Safety Policy on July 14th,2014. · Staff have acknowledged their understanding of Indiana Mentor's Quality and Risk Management Policy and Safety Policy. · House Manager and Program Director will provide consistent training and support to staff at the home. · The supervision levels of all clients will be reviewed during the staff meeting on 7-14-14. · Communication has been sent to all staff at the group home to review the risk management and safety policies. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · The Home Manager will monitor staff daily when they are in the home. · The Program Director will monitor on a regular basis when they are in the home and during monthly supervisory visits. · The Area and Regional Directors will monitor as they complete their quarterly supervisory visits. · Continued training on abuse, 				

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	<p>the facility followed the BDDS reporting policy for abuse/neglect/mistreatment and both indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 were not being supervised by facility staff when the clients were left home alone without staff on duty at the group home. The Area Director stated "It was neglect" when clients #1, #2, #3, #4, #5, #6, #7, and #8 were left home alone without staff supervision on 12/21/13.</p> <p>On 6/3/14 at 2:30pm, a record review was conducted of the 6/11/2002 BDDS "Incident Reporting" policy and procedure indicated "...Neglect, includes failure to provide appropriate care, food, medical care, or supervision...."</p> <p>On 6/3/14 at 2:15pm, a record review was conducted of the facility's 1/1/2011 policy and procedure "Suspected Abuse, Neglect, & Exploitation Reporting" was reviewed. The policy and procedure indicated the agency prohibited abuse, neglect, and/or mistreatment and all employees are responsible to immediately report incidents of abuse, neglect, and/or mistreatment. The policy and procedure indicated "Neglect: the 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</p>		<p>neglect, exploitation and the reporting process will be provided by house manager and program director. 5. What is the date by which the systemic changes will be completed? July 13, 2014</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	services...." 9-3-2(a)				