

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  03/17/2014
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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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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: March 10, 11, 12, 13 and 17, 2014.</p> <p>Surveyor: Kathy Wanner, QIDP</p> <p>Facility Number: 000750 Provider Number: 15G226 AIMS Number: 100243210</p> <p>These deficiencies also reflect state findings under 460 IAC 9. Quality Review completed 3/27/14 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to include specific criteria as part of a plan of reduction for medication used for the management or elimination of behaviors and/or symptoms of diagnoses as indicated in 1 of 2 sampled clients (client #3) who were prescribed medications for management of behaviors.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 3/13/14 at 2:11 P.M. Client #3's Physician's Orders (PO) dated for February 2014 indicated she was prescribed Divalproex (mood stabilizer) for Bi-Polar, Gabapentin (anticonvulsant) for mood stabilization, and Lithium (anti manic) for mood stabilization. Client #3's Behavior Support Plan (BSP) dated 4/2/13 indicated she had the targeted behaviors of, verbal and psychomotor agitation, delusions, depressive symptoms (crying and feeling sad that may result in self-injurious behaviors) and communicating trust. Client #3's BSP</p>	W000312	<p>Drugs used for control of inappropriate behavior must be used only as an integrated part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Plans of reduction have been developed and will be implemented with all clients.</li> <li>· Staff will be trained on reporting and documenting target behaviors.</li> <li>· Program Directors will review and evaluate quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Plans of reduction have been</li> </ul>	04/16/2014			

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	<p>indicated "The IDT (interdisciplinary team) will meet at least annually to discuss [client #3's] progress with behaviors, will review all data collected from the monitoring tracking system to obtain a comprehensive assessment ...Will monitor and track 0 incidents of delusions (claiming people have stolen or taken her belongings), verbal/psychomotor agitation, and depressive symptoms (crying and feeling sad) for the 3 consecutive months immediately prior to psychiatric review. Should any other recommendations be made, the IDT will evaluate current stressors and environmental supports to assist [client #3] in adjusting to the change. Examples of areas which may be explored to assist in the adjustment are communication between group home and employer as to the environmental stressors and progress, evaluation of other medications, and postponement of objectives in the group home such as goals that may cause stress." Client #3's BSP did not indicate what specific behaviors Divalproex, Gabapentin and Lithium were prescribed to address. Client #3's BSP did not indicate what specific criteria needed to be achieved for Divalproex, Gabapentin and Lithium to be considered for possible reductions. Client #3's BSP did not indicate a specific medication for</p>		<p>developed and will be implemented with all clients.</p> <ul style="list-style-type: none"> <li>· Staff will be trained on reporting and documenting target behaviors.</li> <li>· Program Directors will review and evaluate quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Plans of reduction have been developed and will be implemented with all clients.</li> <li>· Staff will be trained on reporting and documenting target behaviors.</li> <li>· Program Directors will review and evaluate quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Program Directors will review and evaluate quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments.</li> </ul>	

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	<p>reduction.</p> <p>An interview was conducted with the Residential Director on 3/13/14 at 4:35 P.M. When asked about a plan of reduction for behavior medication, the RD indicated he could see where if there are different types of medications prescribed it would be difficult to determine which was being effective. The RD stated, "We are looking at this and changing the behavior plan process." 9-3-5(a)</p>			
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W000336	<p>483.460(c)(3)(iii) <b>NURSING SERVICES</b> Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed to provide a quarterly nursing assessment for 3 of 4 sampled clients (clients #1, #3 and #4).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/13/14 at 2:36 P.M.. There was no evidence in client #1's record to indicate the need for a medical care plan. Client #1's record did not include quarterly nursing assessments between the dates of 1/30/13 and 5/8/13.</p> <p>Client #3's record was reviewed on 3/13/14 at 2:11 P.M.. There was no evidence in client #3's record to indicate the need for a medical care plan. Client #3's record did not include quarterly nursing assessments between the dates of 1/30/13 and 5/13/13.</p> <p>Client #4's record was reviewed on 3/13/14 at 3:05 P.M.. There was no evidence in client #4's record to indicate the need for a medical care plan. Client #4's record did not include quarterly</p>	W000336	<p>1. <b>What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Quarterly Nursing Assessments will be completed on all clients.</li> <li>· Nursing staff will be trained on completing and documenting assessments.</li> <li>· Program Directors will review and evaluate quarterly to ensure assessments are being completed.</li> </ul> <p>2. <b>How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Quarterly Nursing Assessments will be completed on all clients.</li> <li>· Nursing staff will be trained on completing and documenting assessments.</li> <li>· Program Directors will review and evaluate quarterly to ensure assessments are being completed.</li> </ul> <p>3. <b>What measures will be put into place or what systemic changes will be made to ensure that the</b></p>	04/16/2014
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	nursing assessments between the dates of 1/30/13 and 5/1/13.  The Residential Director (RD) were interviewed on 3/13/14 at 4:35 P.M. and stated, "Nursing quarterlies should be done quarterly. Our process is changing so this should not occur again."  9-3-6(a)		<b>deficient practice does not recur:</b> · Quarterly Nursing Assessments will be completed on all clients. · Nursing staff will be trained on completing and documenting assessments. · Program Directors will review and evaluate quarterly to ensure assessments are being completed.  4. <b>How will the corrective action be monitored to ensure the deficient practice will not recur?</b> · Program Directors will review and evaluate quarterly to ensure assessments are being completed.		