

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G337	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/12/2012
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NAME OF PROVIDER OR SUPPLIER OCCAIO INC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N MANNINGROVE DR MUNCIE, IN 47303
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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
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: January 9, 10, 11, and 12, 2012</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 000855 Provider Number: 15G337 AIMS Number: 100244120</p> <p>The following deficiency also reflects state findings under 460 IAC 9.</p> <p>Quality review completed on 1/26/2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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

TITLE

(X6) DATE

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

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W0125	<p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, the facility failed to ensure their rights to have free access to their grooming supplies for 3 of 4 sampled clients (clients #1, #3, and #4) and 4 additional clients (clients #5, #6, #7 and #8).</p> <p>Findings include:</p> <p>Observations were conducted at the home from 6:30 AM to 7:45 AM on 1/10/12. Client #2 asked for a key to get his toothpaste. Staff #1 got the key and unlocked a closet that held clients #1, #2, #3, #4, #5, #6, #7, and #8's grooming supplies in individual bins with clients' names on them (toothpaste, mouthwash, shampoo, soap, and toothbrushes).</p> <p>Interview on 1/10/12 at 6:40 AM with staff #1 was conducted. Staff #1 indicated client #2 will eat soap and play in it. She also indicated clients have to go through staff to unlock the closet.</p> <p>Interview on 1/10/12 at 6:42 AM with client #1 was conducted. Client #1 indicated she had to ask staff for her</p>	W0125	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Clients #1, #3, #4, #5, #6, #7 and #8 all have a key to the closet where the grooming supplies are kept. · Clients #1, #3, #4, #5, #6, #7 and #8 will be on programs to learn how to access the closet and keep their keys secure. <p>1.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 IPOP assessments for all of the residents will be reviewed and access to the locked items will be updated as necessary. · Access to the locked items and how to keep their keys secure will be reviewed with the residents at their next resident 	02/11/2012			

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	<p>personal shampoo and conditioner and she didn't have a key.</p> <p>Interview on 1/10/12 at 6:55 AM with client #6 was conducted. Client #6 indicated she did not have a key to the closet and her toothpaste and shampoo were in there.</p> <p>Review on 1/10/12 at 8:50 AM of client #2's records was conducted. Client #2's Individual Support Plan (ISP) dated 4/5/11 indicated the "hazmats/sharps locked due to his ingesting these non-food items."</p> <p>Interview on 1/11/12 at 1:40 PM with the ARC (Area Residential Coordinator) was conducted. The ARC indicated the clients did not have keys to the locked closet due to another client (client #1) taking other clients' keys and they had to limit access. The ARC indicated the grooming supplies were locked up due to client #2's problem with eating soap and in the past he had huffed aerosol spray.</p> <p>9-3-2(a)</p>		<p>meeting on 2-9-12.</p> <ul style="list-style-type: none"> Access to the locked items and how to assist the residents in keeping their keys secure has been reviewed with the staff and will be reviewed again with all staff at their next team meeting on 2-23-12. <p>1.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 IPOP assessments for all of the residents will be reviewed and access to the locked items will be updated as necessary. Access to the locked items and how to keep their keys secure will be reviewed with the residents at their next resident meeting on 2-9-12. Access to the locked items and how to assist the residents in keeping their keys secure has been reviewed with the staff and will be reviewed again with all staff at their next team meeting on 2-23-12. <p>1.How will the corrective action be monitored to ensure</p>		

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			<p>the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor daily when they are in the home. · The ARC will monitor as they complete their audits. <p>1.What is the date by which the systemic changes will be completed?</p> <p>February 11, 2012</p>		