

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  09/02/2015
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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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W 0000  Bldg. 00	<p>This visit was for a post certification revisit (PCR) to the annual recertification and state licensure survey completed on July 10, 2015.</p> <p>Dates of Survey: August 26, 27, 28, 31, September 1 and 2, 2015.</p> <p>Facility number: 000859 Provider number: 15G343 AIM number: 100244170</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/10/15.</p>	W 0000		
W 0104  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> <p>Based on observation and interview, the governing body failed to exercise operating direction over the group home</p>	W 0104	<p><b>W104 Governing Body</b></p> <p>The governing body must exercise general policy, budget, and operating</p>	10/02/2015

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

TITLE

(X6) DATE

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

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	<p>to insure all maintenance issues were corrected in a timely manner for 2 of 3 additional clients (clients #6 and #7) who lived in the facility.</p> <p>Findings include:</p> <p>During observations on 8/26/15 at 4:14 P.M., in the bedroom used by client #6 and client #7, the inside of one of the hollow core closet doors had two round holes which created a splinter hazard.</p> <p>An interview was conducted with the Area Director (AD) on 8/27/15 at 1:25 P.M. The AD indicated the holes in the closet door had been accidentally overlooked and would be repaired.</p> <p>This deficiency was cited on 7/10/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>		<p>direction over the facility.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The protocol for addressing maintenance needs for the home will be reviewed with the Program Coordinator and Program Director.</li> <li>· The maintenance form will be used for communication with maintenance department regarding maintenance needs of the site.</li> <li>· The closet doors in the bedroom used by Client #6 and #7 will be repaired or replaced.</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 clients have been affected by this deficient practice.</li> <li>· Training with Program Coordinator regarding oversight of environment needs of the house.</li> <li>· Training with Program Coordinator and Program Director Maintenance Protocol and reporting of maintenance concerns as well as follow-up maintenance concerns not addressed.</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>		

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			<ul style="list-style-type: none"> <li>· Training with Program Coordinator regarding oversight of environment needs of the house.</li> <li>· Training with Program Coordinator and Program Director Maintenance Protocol and reporting of maintenance concerns as well as follow-up maintenance concerns not addressed.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· Program Coordinator will perform daily walk-throughs in house to ensure cleanliness of site and to ensure all maintenance issues have been addressed; and to assess if any new maintenance issues need to be addressed.</li> <li>· Program Director will perform and document and environmental assessment of site.</li> <li>· Area Director will review all documentation regarding environmental assessments of Program Director.</li> <li>· Quarterly Health and Safety Assessments of site will be completed and reviewed by Program Director and Program Coordinator.</li> <li>· Quality Assurance Specialist will review all Quarterly Health and Safety Assessments to ensure all environmental and maintenance issues have been addressed.</li> <li>· Area Director will review all monthly checklists regarding monitoring of programs to ensure</li> </ul>	

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W 0214  Bldg. 00	<p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. Based on observation, record review and interview, the facility failed to functionally assess the seating needs for 2 of 3 additional clients (Clients #6 and #7) who were unable to touch their feet to the floor when seated at the dining room table.</p> <p>Findings include:</p> <p>Observations of the evening meal were conducted on 8/26/15 at 5:58 P.M. Client #6 was seated at the dining room table. Client #6 was unable to touch the floor with her feet when seated in the dining room chair. Client #6's legs/feet hung from the chair without any support. Client #7 was seated at the dining room table. Client #7 was unable to touch the floor with her feet when seated in the dining room chair. Client #7 sat with her legs crossed and folded beneath her.</p>	W 0214	<p>that programs are implemented and consistent with needs of clients.</p> <p><b>5. What is the date by which the systemic changes will be completed?</b> October 2nd, 2015</p> <p><b>W214 Individual Program Plan</b> The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Client #6 and #7 were assessed for proper positioning on 9-9-15.</li> <li>· A recommendation was made for Client #6 and #7 to now use a stool under their feet while eating to ensure proper positioning.</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 clients have been affected by this deficient practice.</li> <li>· Meal observations will be completed monthly by the Program</li> </ul>	10/02/2015	

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	<p>Client #6's Risk Plan for 2015 was reviewed on 8/27/15 at 12:50 P.M. and indicated client #6 was a high choke risk. During meal times staff were to make sure she had proper positioning at the table (sitting upright with bottom at back of chair).</p> <p>Client #7's Risk Plan dated 5/26/15 was reviewed on 8/27/15 at 1:10 P.M. and indicated, "Aspiration - High Risk Plan." In addition to instruction on what to do in the event Client #7 choked, the Health Status Change section of the Risk Plan included the following information: "During Mealtime: 1. Make sure [Client #7] has proper positioning during mealtime (sit upright, bottom at back of chair)."</p> <p>The Area Director (AD) was interviewed on 8/27/15 at 1:25 P.M. The AD indicated clients #6 and #7 were scheduled to be evaluated for proper sitting position at the dining room table, but they had not been able to get them in for the evaluations until later this month.</p> <p>This deficiency was cited on 7/10/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		<p>Coordinator to monitor for dining concerns including positioning concerns.</p> <ul style="list-style-type: none"> <li>· The dietician will monitor meals on a quarterly basis and will make recommendations based on identified needs.</li> <li>· The Program Director/QMRP will review the functional assessments for all of the clients and update as necessary. Identified concerns will be addressed by the appropriate specialists if necessary.</li> <li>· Training will be completed with QIDP regarding completing functional assessments.</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>· Meal observations will be completed monthly by the Program Coordinator to monitor for dining concerns including positioning concerns.</li> <li>· The dietician will monitor meals on a quarterly basis and will make recommendations based on identified needs.</li> <li>· The Program Director/QIDP will review the functional assessments for all of the clients and update as necessary. Identified concerns will be addressed by the appropriate specialists if necessary.</li> <li>· Training will be completed with QIDP regarding completing</li> </ul>				

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			<p>functional assessments.</p> <p><b>4. How will the corrective action be monitored to ensure the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· Program Director/QIDP will complete monthly supervisory visits and review of documentation for the site. This review includes review of the functional assessments.</li> <li>· The Program Coordinator will complete weekly observations to monitor for concerns.</li> <li>· The Program Director/QIDP will complete bi-weekly observations to monitor for concerns.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> October 2nd, 2015</p>		