

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G044	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/21/2016
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6381 LUTE RD PORTAGE, IN 46368
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Survey Dates: 4/12, 4/13, 4/15 and 4/21/16.</p> <p>Facility Number: 000600 Provider Number: 15G044 AIM Number: 10023350</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/27/16.</p>	W 0000		
W 0111 Bldg. 00	<p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure the clients' monthly summaries in regard to the clients' Individual Support Plan (ISP) objectives were part of the clients' records/charts.</p> <p>Findings include:</p>	W 0111	<p>A file audit has been conducted, to ensure that no other clients have been affected by this deficient practice; findings conclude that other clients have missing monthly summary forms, from their records. All files have been updated and each client file now contains a full history of monthly summary forms. These forms were previously kept on a company server, but they are now being retained on the company</p>	04/21/2016

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>1. Client #1's record was reviewed on 4/13/16 at 11:36 AM. Client #1's 12/1/15 ISP indicated client #1 had the following objectives:</p> <p>-Client #1 will fill the water reservoir in his CPAP (sleep apnea) machine every evening or as needed with 3 verbal prompts 100% of the time for 3 consecutive months.</p> <p>-Client #1 will participate in an exercise of his choice 3 times a week for at least 10 minutes 100% of the time for 3 consecutive months.</p> <p>-Client #1 will participate in 50% of scheduled activities for at least 5 minutes with 3 verbal prompts 100% of the time for 3 consecutive months.</p> <p>-Client #1 will state the emergency number with "unlimited" verbal and physical prompts 100% of the time for 3 consecutive months.</p> <p>-Client #1 will choose an item within the \$5 budget when shopping in the community with "unlimited" verbal prompts 100% of the time for 3 consecutive months.</p> <p>-Client #1 will pay for an item of his choice by handing the cashier his money</p>		server and in the client file. To ensure this deficient practice does not reoccur, the QDDP is now tasked with ensuring that a copy of the monthly summary is scanned onto the company server and the original will be kept in the client file. To ensure this process is implemented correctly, a quality assurance audit, of client records, will occur monthly, by the Group Home Director or designee. The audit will examine all client records and seek to find that each client record has an accurate history of monthly summaries.		

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	<p>while waiting to get the change back once monthly with a verbal prompt 100% of the time for 3 consecutive months.</p> <p>-Client #1 will clearly verbalize his wants and needs daily with 3 verbal prompts 100% of the time for 3 consecutive months. Client #1's record/chart indicated no monthly summaries were present in the client's record.</p> <p>Interview with administrative staff #1 on 4/13/16 at 3:15 PM and on 4/15/16 at 10:27 AM, by phone, indicated the previous group home's QIDP was let go from employment. Administrative staff #1 stated some of the client's records were located in the client's chart and/or on "Therap" (computerized record). Administrative staff #1 indicated client #1's monthly summaries were not on Therap and should be in the client's record/chart. Administrative staff #1 stated he did not know why client #1's monthly summaries were not present in the client's chart/record as they had been scanned to the facility's "server."</p> <p>2. Client #3's record was reviewed on 4/13/16 at 12:18 PM. Client #3's 11/1/15 ISP indicated client #3 had the following ISP objectives:</p> <p>-Client #3 will pay for an item of his</p>						

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	<p>choice by handing the cashier his money while waiting to accept the change back monthly with a verbal prompt 100% of the time for 3 consecutive months.</p> <p>-Client #3 will choose an item within a \$5 budget when shopping in the community monthly for "unlimited" verbal prompts 100% of the time for 3 consecutive months.</p> <p>-Client #3 will learn the names of his medications and the reason for taking them daily with "unlimited" verbal prompts 100% of the time for 3 consecutive months.</p> <p>-Client #3 will participate in exercise three times a week for at least 10 minutes with "unlimited" verbal prompts 100% of the time for 3 consecutive months.</p> <p>-Client #3 will learn emergency phone numbers daily with "unlimited" verbal prompts for 100% of time for 3 consecutive months.</p> <p>-Client #3 will call a family member or friend once a week and engage in 5 minutes of conversation with 3 verbal prompts 100% of the time for 3 consecutive months. Client #3's record/chart indicated no monthly summaries were present in the client's</p>			

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	<p>record.</p> <p>Interview with administrative staff #1 on 4/13/16 at 3:15 PM and on 4/15/16 at 10:27 AM, by phone, indicated the previous group home's QIDP was let go from employment. Administrative staff #1 stated some of the client's records were located in the client's chart and/or on "Therap" (computerized record). Administrative staff #1 indicated client #3's monthly summaries were not on Therap and should be in the client's record/chart. Administrative staff #1 stated he did not know why client #3's monthly summaries were not present in the client's chart/record as they had been scanned to the facility's "server."</p> <p>3. Client #2's record was reviewed on 4/13/16 at 1:27 PM. Client #2's 11/1/15 ISP indicated client #2 had the following ISP objectives:</p> <ul style="list-style-type: none"> -Client #2 will choose an item within the \$5 budget when shopping in the community monthly with "unlimited" verbal prompts 100% of the time for 3 consecutive months. -Client #2 will remain with staff while in the community weekly with 3 verbal prompts 100% of the time for 3 consecutive months. 			

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	<p>-Client #2 will apply toothpaste on his toothbrush and brush his gums 2 times daily with 3 physical prompts 100% of the time for 3 consecutive months.</p> <p>-Client #2 will participate in an exercise of his choice 3 times a week with "unlimited" verbal prompts for 100% of the time for 3 consecutive months.</p> <p>-Client #2 will pay for an item by handing the cashier his money while waiting for the change monthly with 1 verbal prompt 100% of the time for 3 consecutive months.</p> <p>-Client #2 will clearly verbalize his wants and needs daily with 3 verbal prompts 100% of the time for 3 consecutive months. Client #2's record/chart indicated no monthly summaries were present in the client's record.</p> <p>Interview with administrative staff #1 on 4/13/16 at 3:15 PM and on 4/15/16 at 10:27 AM, by phone, indicated the previous group home's QIDP was let go from employment. Administrative staff #1 stated some of the client's records were located in the client's chart and/or on "Therap" (computerized record). Administrative staff #1 indicated client #2's monthly summaries were not on</p>			

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W 0159 Bldg. 00	<p>Therap and should be in the client's record/chart. Administrative staff #1 stated he did not know why client #1's monthly summaries were not present in the client's chart/record as they had been scanned to the facility's "server."</p> <p>9-3-1(a)</p> <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 interview and record review for 3 of 3 sampled clients (#1, #2 and #3), the Qualified Intellectual Disabilities Professional (QIDP) failed to monitor the clients' Individual Support Plan (ISP) objectives/data in regard to documenting the clients' data on the monthly summaries which indicated progress and/or regression of the clients' skills. The QIDP also failed to indicate clients' objectives/data were reviewed monthly to determine progress and/or regression of the client's skills.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 4/13/16 at 11:36 AM. Client #1's 12/1/15 ISP indicated client #1 had the following</p>	W 0159	<p>A file audit has been conducted, to ensure that no other clients have been affected by this deficient practice. Findings conclude that other clients have inaccurate monthly summaries; summaries that do not document the client's ISP goal data. All files have been updated and each client file now contains a full history of monthly summary forms that document data related to each goal. ISP goal data is tracked and monitored through Therap software; however, monitoring through Therap was not properly documented on the monthly summary form. To ensure this deficient practice does not reoccur, the QDDP is now tasked with ensuring that the monthly summary includes a monthly Therap data report, which includes data for each ISP</p>	04/29/2016			

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	<p>objectives:</p> <ul style="list-style-type: none"> -Client #1 will fill the water reservoir in his CPAP (sleep apnea) machine every evening or as needed with 3 verbal prompts 100% of the time for 3 consecutive months. -Client #1 will participate in an exercise of his choice 3 times a week for at least 10 minutes 100% of the time for 3 consecutive months. -Client #1 will participate in 50% of scheduled activities for at least 5 minutes with 3 verbal prompts 100% of the time for 3 consecutive months. -Client #1 will state the emergency number with "unlimited" verbal and physical prompts 100% of the time for 3 consecutive months. -Client #1 will choose an item within the \$5 budget when shopping in the community with "unlimited" verbal prompts 100% of the time for 3 consecutive months. -Client #1 will pay for an item of his choice by handing the cashier his money while waiting to get the change back once monthly with a verbal prompt 100% of the time for 3 consecutive months. 		<p>goal. To ensure this process is implemented correctly, a quality assurance audit, of client records, will occur monthly, by the Group Home Director or designee. The audit will examine all client records and seek to find that each client record has accurate monthly summaries that include proper ISP data monitoring and documentation.</p>	

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	<p>-Client #1 will clearly verbalize his wants and needs daily with 3 verbal prompts 100% of the time for 3 consecutive months.</p> <p>Client #1's record indicated the QIDP had not documented any monthly summaries in regard to client #1's above mentioned ISP objectives for February 2016 and March 2016. Client #1's January 2016 Residential Monthly Summary indicated "REVIEW OF GOALS: Communication: Community: Exercise/Leisure: Finance: Medication: Safety: were all blank. No data was documented on client #1's monthly summary. In the section entitled Changes/Comments: "No changes @ (at) this time" was documented.</p> <p>Interview with administrative staff #1 on 4/13/16 at 3:15 PM indicated the previous group home's QIDP was let go from employment. Administrative staff #1 indicated client #1 should have monthly summaries.</p> <p>2. Client #3's record was reviewed on 4/13/16 at 12:18 PM. Client #3's 11/1/15 ISP indicated client #3 had the following</p>			

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	<p>ISP objectives:</p> <ul style="list-style-type: none"> -Client #3 will pay for an item of his choice by handing the cashier his money while waiting to accept the change back monthly with a verbal prompt 100% of the time for 3 consecutive months. -Client #3 will choose an item within a \$5 budget when shopping in the community monthly for "unlimited" verbal prompts 100% of the time for 3 consecutive months. -Client #3 will learn the names of his medications and the reason for taking them daily with "unlimited" verbal prompts 100% of the time for 3 consecutive months. -Client #3 will participate in exercise three times a week for at least 10 minutes with "unlimited" verbal prompts 100% of the time for 3 consecutive months. -Client #3 will learn emergency phone numbers daily with "unlimited" verbal prompts for 100% of time for 3 consecutive months. -Client #3 will call a family member or friend once a week and engage in 5 minutes of conversation with 3 verbal prompts 100% of the time for 3 			

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	<p>consecutive months.</p> <p>Client #3's record indicated the QIDP had not documented any monthly summaries in regard to client #3's above mentioned ISP objectives for January 2016, February 2016 and March 2016. Client #3's December 2015 Residential Monthly Summary indicated "REVIEW OF GOALS: Communication: Community: Exercise/Leisure: Finance: Medication: Safety: were all blank. No data was documented on client #3's monthly summary. In the section entitled Changes/Comments: "No changes @ this time" was documented.</p> <p>Interview with administrative staff #1 on 4/13/16 at 3:15 PM indicated the previous group home's QIDP was let go from employment. Administrative staff #1 indicated client #3 should have monthly summaries.</p> <p>3. Client #2's record was reviewed on 4/13/16 at 1:27 PM. Client #2's 11/1/15 ISP indicated client #2 had the following ISP objectives: -Client #2 will choose an item within the</p>			

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	<p>\$5 budget when shopping in the community monthly with "unlimited" verbal prompts 100% of the time for 3 consecutive months.</p> <p>-Client #2 will remain with staff while in the community weekly with 3 verbal prompts 100% of the time for 3 consecutive months.</p> <p>-Client #2 will apply toothpaste on his toothbrush and brush his gums 2 times daily with 3 physical prompts 100% of the time for 3 consecutive months.</p> <p>-Client #2 will participate in an exercise of his choice 3 times a week with "unlimited" verbal prompts for 100% of the time for 3 consecutive months.</p> <p>-Client #2 will pay for an item by handing the cashier his money while waiting for the change monthly with 1 verbal prompt 100% of the time for 3 consecutive months.</p> <p>-Client #2 will clearly verbalize his wants and needs daily with 3 verbal prompts 100% of the time for 3 consecutive months.</p> <p>Client #2's record indicated the QIDP had not documented any monthly summaries in regard to client #2's above mentioned</p>			

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W 0261 Bldg. 00	<p>ISP objectives for February 2016 and March 2016. Client #2's December 2015 and January 2016 Residential Monthly Summaries indicated "REVIEW OF GOALS: Communication: Community: Exercise/Leisure: Finance: Medication: Safety: were all blank. No data was documented on client #2's monthly summaries. In the section entitled Changes/Comments: "No changes @ this time" was documented.</p> <p>Interview with administrative staff #1 on 4/13/16 at 3:15 PM indicated the previous group home's QIDP was let go from employment. Administrative staff #1 indicated client #2 should have monthly summaries.</p> <p>9-3-3(a)</p> <p>483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or</p>			

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W 0295 Bldg. 00	<p>controlling interest in the facility. Based on interview and record review for 3 of 3 sampled clients (#1, #2 and #3) and for 3 additional clients (#4, #5 and #6), the facility failed to ensure an appropriate client participated in its Human Rights Committee (HRC) meetings.</p> <p>Findings include:</p> <p>The facility's HRC minutes were reviewed on 4/13/16 at 3:14 PM. The facility's HRC minutes from 4/15 to 3/16 indicated the facility had monthly meetings. The facility's HRC minutes indicated the facility did not have a client, who was a HRC member, at its meetings in the past year which represented clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>Interview with administrative staff #1 on 4/13/16 at 3:15 PM indicated the facility used to have a client who sat on the committee. Administrative staff #1 stated "We are still looking for one. Currently no."</p> <p>9-3-4(a)</p> <p>483.450(d)(1)(i) PHYSICAL RESTRAINTS The facility may employ physical restraint</p>	W 0261	Findings concludes that all clients were affected by this deficient practice. The agency is diligently looking fora client that wants to volunteer their time to serve on the Human Rights Committee. To date, the agency has not found a client to serve in this capacity.	05/09/2016			

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	<p>only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.</p> <p>Based on interview and record review for 1 of 2 sampled clients (#2) who required the use of physical restraints, the facility failed to specifically indicate the type of physical restraints which could be utilized with the client.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 4/13/16 at 1:37 PM. Client #2's 8/22/14 Behavior Protocol for Dual Diagnosis indicated client #2 demonstrated anxiety, physical aggression and self-injurious behavior (SIB). Client #2's behavior protocol indicated if client #2's behaviors of physical aggression and/or SIB "...escalates and has the potential to cause harm to [client #2] or those around him, utilize the least restrictive, but most effective form of CPI (Crisis Prevention Intervention-physical restraints techniques) approved hold...." Client #2's behavior protocol did not specifically indicate what holds/restraint techniques could be utilized with the client.</p> <p>Interview with administrative staff #1 on 4/15/16 at 10:27 AM, by phone, stated client #2's behavior protocol had "no</p>	W 0295	<p>A file audit has been conducted, to ensure that no other clients have been affected by this deficient practice; findings conclude that no other clients were affected. The behavior support plan, for client #2, has been amended to include specified CPI physical restraints. To ensure this deficient practice does not reoccur, the QDDP is now tasked with ensuring that every client's behavior support plan, with approved CPI physical restraints, includes the specified CPI approved restraint. To ensure this process is implemented correctly, a quality assurance audit, of client records, will occur monthly, by the Group Home Director or designee. The audit will examine all client records and seek to find that each client, who has a behavior support plan with physical restraints, has a plan that specifies the CPI physical restraint(s) to be utilized.</p>	04/21/2016	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G044	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/21/2016
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W 0331 Bldg. 00	<p>specific (restraint) techniques. They can use range of CPI techniques."</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sampled clients (#2), the facility's nursing services failed to ensure the client returned to a recommended doctor's appointment.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 4/13/16 at 1:37 PM. Client #2's 11/12/14 Eye Exam sheet indicated "1. Hyperopic and Astigmatism Right eye. Corneal scar left eye > stable...Glasses PRN (as needed) (only if patient is excepting) (sic). 3. Follow up exam due: 1 year." Client #2's record did not indicate the client returned in a year for follow-up examination.</p> <p>Interview with RN (Registered Nurse) #1 on 4/13/16 at 3:15 PM stated "I'm not sure. Manager said all annuals were up to date."</p> <p>9-3-6(a)</p>	W 0331	<p>A file audit has been conducted, to ensure that no other clients have been affected by this deficient practice; findings conclude that no other clients were affected. On April 20th, 2016, Client #2 was seen by his optometrist, with a recommended follow up in 2 years. To ensure this deficient practice does not reoccur, the Registered Nurse, QDDP and/or Group Home Director will review all medical appointments, past and upcoming, during the monthly IDT meeting. The group home manager will provide the information on past and upcoming dates, for all medical appointments, for review. Documentation of appointment dates will be kept with the client's monthly summary, and housed in their client record.</p>	04/22/2016

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

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OMB NO. 0938-0391

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