

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G364	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/10/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 10311 E JACKSON SELMA, IN 47383
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W 000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00166772.</p> <p>Dates of Survey: April 9 and 10, 2015.</p> <p>COMPLAINT #IN00166772: Substantiated. Federal and state deficiency related to the allegations are cited at W149.</p> <p>Facility number: 000878 Provider number: 15G364 AIM number: 100249230</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9.</p>	W 000		
W 149 Bldg. 00	<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 upon record review and interview, the facility failed for 1 of 4 sampled clients (client A), to implement policy</p>	W 149	<p>W149 Staff Treatment of Clients The facility must develop and implement written policies and procedures that prohibit</p>	05/15/2015

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>and procedures to protect her from neglect by failing to ensure her supervision needs were met.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services/BDDS were reviewed on 4/10/15 at 9:45 AM. A BDDS report dated 2/16/15 indicated client A "was accidentally dropped off at her group home without her staff being there. The staff [staff #1] was suspended until the investigation is complete." The report indicated client A was alone "for about 15 minutes" before her staff arrived.</p> <p>Client A's record was reviewed on 4/9/15 at 3:15 PM. Client A's record indicated she had a history of being vulnerable to sexual abuse, leaving without informing staff and required 24 hour staff supervision. A Behavior Support Plan dated 1/6/15 indicated targeted behaviors of lying, stealing and increasing her health skills (eating non-edible items), self injurious behavior, and inappropriate social skills (making negative faces at peers, calling peers names and having negative body language towards peers).</p> <p>The Program Director was interviewed on 4/10/15 at 4:35 PM and indicated the</p>		<p>mistreatment, neglect or abuse of the client.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Specific plans will be developed and implemented to address supervision needs of all clients in the home, per supervision levels and ANE policy. · Staff will be provided adequate training on supervision levels, ANE policy and implementing supervision plans for all clients in the home by Program Coordinator and Program Director. · Program Coordinator will supervise implementation and appropriate staffing for supervision levels and plans daily. · Program Director will monitor implementation of plans monthly. · All incidents of client to client neglect of supervision will be reported to BDDS and APS within 5 days of knowledge, per state law and policy. <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. · Specific plans will be developed and implemented to 		

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	<p>incident was in violation of client A's supervision needs and of the facility's policy and procedures to prevent neglect to clients.</p> <p>The facility's Quality and Risk Management policy dated April, 2011 was reviewed on 4/10/15 at 4:45 PM and indicated, "Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process identifying, evaluating and reducing risk to which individuals are exposed." Incidents reported to BDDS included, "Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...Failure to provide appropriate supervision, care or training..."</p> <p>This federal tag relates to complaint #IN00166772.</p> <p>9-3-2(a)</p>		<p>address supervision needs of all clients in the home, per supervision levels and ANE policy.</p> <ul style="list-style-type: none"> · Staff will be provided adequate training on supervision levels, ANE policy and implementing supervision plans for all clients in the home by Program Coordinator and Program Director. · Program Coordinator will supervise implementation and appropriate staffing for supervision levels and plans daily. · Program Director will monitor implementation of plans monthly. · All incidents of client to client neglect of supervision will be reported to BDDS and APS within 5 days of knowledge, per state law and policy. <p>3. 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"> · Specific plans will be developed and implemented to address supervision needs of all clients in the home, per supervision levels and ANE policy. · Staff will be provided adequate training on supervision levels, ANE policy and implementing supervision plans for all clients in the home by Program Coordinator and Program Director. · Program Coordinator will supervise implementation and appropriate staffing for supervision levels and plans daily. 		

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			<ul style="list-style-type: none"> · Program Director will monitor implementation of plans monthly. · All incidents of client to client neglect of supervision will be reported to BDDS and APS within 5 days of knowledge, per state law and policy. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Specific plans will be developed and implemented to address supervision needs of all clients in the home, per supervision levels and ANE policy. · Staff will be provided adequate training on supervision levels, ANE policy and implementing supervision plans for all clients in the home by Program Coordinator and Program Director. · Program Coordinator will supervise implementation and appropriate staffing for supervision levels and plans daily. · Program Director will monitor implementation of plans monthly. · All incidents of client to client neglect of supervision will be reported to BDDS and APS within 5 days of knowledge, per state law and policy. <p>5. What is the date by which the systemic changes will be completed? 5/10/15</p>		

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

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