

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G290	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/30/2011
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NAME OF PROVIDER OR SUPPLIER OCCAZIO INC	STREET ADDRESS, CITY, STATE, ZIP CODE 23 SKYVIEW DR CHESTERFIELD, IN46017
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>This visit was in conjunction with a post certification revisit (PCR) to the investigation of complaint #IN00093861 completed 8-3-11.</p> <p>Dates of survey: November 28, 29, and 30, 2011</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>Facility number: 000809 Provider number: 15G290 AIM number: 100243730</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 12/9/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed for 1 of 8 clients (client #1) to ensure the Abuse/Neglect policy was</p>	W0149	<p>W 149 Staff Treatment of Clients The facility must develop and implement written policies and</p>	12/30/2011

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>implemented in regards to leaving client #1 with no supervision in the community.</p> <p>Findings include:</p> <p>On 11-28-11 at 12:30 p.m. a review of the facility's BDDS (Bureau of Developmental Disability Services) reports was conducted. A BDDS report for client #1 with an incident date of 10-6-11 indicated client #1 was left in the waiting room of one of her house mate's dentist office with no staff supervision. An investigation dated 11-1-11 with direct care staff #4 indicated she did leave client #1 for 30-40 minutes alone in the waiting room while she went back into the exam room with the house mate. An interview on 11-3-11 (no time noted) with the staff at the dentist office indicated client #1 continued to come to the window and say different things. Client #1 indicated someone would hurt her. When the dental office staff told client #1 it would be o.k., client #1 would "settle down." The dental staff indicated she talked with other patients as they came in but she was unsure of what she said to them. When client #1's staff (DCS #4) came out with the housemate, client #1 was observed by the dental staff to "pull up her legs where her knees and elbows met and then she rocked and said," "I'm sorry, I'm sorry."</p>		<p>procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · DCS #4 was formally counseled regarding the supervision concern on 11-9-11. · An IDT was held for Client #1 to address her supervision needs on 11-10-11. · Client #1's IPOP assessments were reviewed and updated on 12-22-11. · The supervision needs of all of the residents were reviewed with staff during their team meeting on 12-9-11. · The DSA and RC will meet bi-weekly to address job responsibilities and appointment needs of the residents. · The DSA and RC for the home will work closely to ensure that when appointments are scheduled that they are scheduled to ensure that the supervision needs of the residents are being met. <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 DSA and RC will meet bi-weekly to address job responsibilities and appointment 		

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	<p>A BDDS follow up report dated 11-14-11 indicated DCS #4 was not neglectful but she was counseled on supervision levels on the individuals in the home. The BDDS follow up report also indicated the IDT (Inter-disciplinary team) met (no date available) and determined it was "not appropriate" for client #1 to be left alone in the waiting room and she was to be supervised at all times while at a doctor's office.</p> <p>On 11-29-11 at 11:30 a.m. a record review for client #1 was conducted. The Individualized Support Plan (ISP) dated 3-15-11 indicated client #1 "was unable to be unsupervised when she was in the community." "She required staff verbal and physical assistance to ensure she followed proper pedestrian safety skills. "She did not know how to seek help within the community if she needed assistance." "She is unable to state her ID (identification) information and she does not demonstrate proper stranger awareness skills." The ISP indicated client #1's diagnoses included, but were not limited to, severe mental retardation, cerebral palsy, autism, seizure disorder, GERD (gastroesophageal reflux disease), and constipation.</p> <p>On 11-28-11 at 12:30 p.m. a review of the facility's Abuse/Neglect policy dated</p>		<p>needs of the residents.</p> <ul style="list-style-type: none"> · The DSA and RC for the home will work closely to ensure that when appointments are scheduled that they are scheduled to ensure that the supervision needs of the residents are being met. · The IPOP assessments for all of the residents will be reviewed and supervision needs updated as necessary. · The importance of ensuring supervision needs was reviewed with the RC's at their team meeting on 12-8-11. <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 DSA and RC will meet bi-weekly to address job responsibilities and appointment needs of the residents. · The DSA and RC for the home will work closely to ensure that when appointments are scheduled that they are scheduled to ensure that the supervision needs of the residents are being met. · The IPOP assessments for all of the residents will be reviewed and supervision needs updated as necessary. · The importance of ensuring supervision needs was reviewed with the RC's at their team meeting on 12-8-11. 		

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	<p>1-1-11 was conducted. The policy indicated neglect would not be tolerated. The policy defined neglect as: "failure to provide the proper care for a resident/consumer, in a timely manner, causing the resident/consumer undue physical or emotional stress or injury."</p> <p>On 11-29-11 at 10:30 a.m. an interview with the Area Residential Coordinator indicated client #1 should not have been left alone in the doctor's office, the staff at the dental office were not trained to care for client #1 while her staff was absent, and the Abuse/Neglect policy dated 1-1-11 was not implemented by DCS #4 by leaving client #1 alone.</p> <p>9-3-2(a)</p>		<p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor as they review the IPOP assessments and appointment schedules. · The ARC will monitor as they complete their audits. <p>1.What is the date by which the systemic changes will be completed? December 30 th , 2011</p>		
W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients</p>	W0249	<p>W 249 Program Implementation As soon as the interdisciplinary</p>	12/30/2011	

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	<p>(client #1) to ensure her Individualized Support Plan (ISP) was implemented correctly and client #1 received supervision at all times.</p> <p>Findings include:</p> <p>On 11-28-11 at 12:30 p.m. a review of the facility's BDDS reports was conducted. A BDDS report for client #1 with an incident date of 10-6-11 indicated client #1 was left in the waiting room of one of her house mate's dentist office with no staff supervision. An investigation dated 11-1-11 indicated direct care staff #4 did leave client #1 for 30-40 minutes alone in the waiting room while she went back into the exam room with the house mate. An interview on 11-3-11 (no time noted) with the staff at the dentist office indicated client #1 continued to come to the window and say different things. Client #1 indicated someone would hurt her. When the dental office staff told client #1 it would be o.k., client #1 would "settle down." The dental staff indicated she talked with other patients as they came in but she was unsure of what she said to them. When client #1's staff (DCS #4) came out with the housemate, client #1 was observed by the dental staff to "pull up her legs where her knees and elbows met and then she rocked and said," "I'm sorry, I'm sorry."</p>		<p>team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Programming will be put in place for Client #1 to learn proper pedestrian safety skills, to help her learn how to seek help within the community if she needed assistance, to learn how to state her ID information, and to demonstrate proper stranger awareness skills. · DCS #4 was formally counseled regarding the supervision concern on 11-9-11. · An IDT was held for Client #1 to address her supervision needs on 11-10-11. · Client #1's IPOP assessments were reviewed and updated on 12-22-11. · The supervision needs of all of the residents were reviewed with staff during their team meeting on 12-9-11. · The DSA and RC will meet bi-weekly to address job responsibilities and appointment needs of the residents. · The DSA and RC for the home will work closely to ensure that when appointments are 		

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	<p>On 11-29-11 at 11:30 a.m. a record review for client #1 was conducted. The Individualized Support Plan (ISP) dated 3-15-11 indicated client #1 "was unable to be unsupervised when she was in the community." "She required staff verbal and physical assistance to ensure she followed proper pedestrian safety skills. "She did not know how to seek help within the community if she needed assistance." "She is unable to state her ID (identification) information and she does not demonstrate proper stranger awareness skills."</p> <p>On 11-29-11 at 10:30 a.m. an interview with the Area Residential Coordinator indicated client #1 should not have been left alone in the doctor's office per her ISP.</p> <p>9-3-4(a)</p>		<p>scheduled that they are scheduled to ensure that the supervision needs of the residents are being met.</p> <ul style="list-style-type: none"> · The importance of ensuring that active treatment needs are being met while in the community will be reviewed with staff at their team meeting on 1-13-12. <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 DSA and RC will meet bi-weekly to address job responsibilities and appointment needs of the residents. · The DSA and RC for the home will work closely to ensure that when appointments are scheduled that they are scheduled to ensure that the supervision needs of the residents are being met. · The IPOP assessments for all of the residents will be reviewed and supervision needs updated as necessary. · The importance of ensuring supervision needs was reviewed with the RC's at their team meeting on 12-8-11. · The RC will monitor and implement programming for the residents to ensure that their active treatment needs while in the community are being met. As 	

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			<p>their needs change, the RC will ensure that they update their ISP, IPOP's and implement training goals to address the concerns.</p> <ul style="list-style-type: none"> The importance of ensuring that active treatment needs are being met while in the community will be reviewed with staff at their team meeting on 1-13-12. <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 DSA and RC will meet bi-weekly to address job responsibilities and appointment needs of the residents. The DSA and RC for the home will work closely to ensure that when appointments are scheduled that they are scheduled to ensure that the supervision needs of the residents are being met. The IPOP assessments for all of the residents will be reviewed and supervision needs updated as necessary. The importance of ensuring supervision needs was reviewed with the RC's at their team meeting on 12-8-11. The RC will monitor and implement programming for the residents to ensure that their active treatment needs while in the community are being met. As their needs change, the RC will ensure that they update their ISP, IPOP's and implement training 		

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W0268	<p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 1 client (client #7) who used children's utensils, to ensure his silverware promoted dignity and respect.</p> <p>Findings include:</p> <p>On 11-28-11 from 3:45 p.m. until 5:50 p.m. an observation at the home of client #7 was conducted. At 4:45 p.m. client #7 had a blue fork with a lion head on the handle and a purple infant spoon (writing on the spoon stated for 1st years) at his</p>	W0268	<p>goals to address the concerns.</p> <ul style="list-style-type: none"> The importance of ensuring that active treatment needs are being met while in the community will be reviewed with staff at their team meeting on 1-13-12. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> The RC will monitor on a daily basis when they are in the home and community. The ARC will monitor as they complete their audits. <p>1.What is the date by which the systemic changes will be completed? December 30 th , 2011</p> <p>W 268 Conduct Toward Client These policies and procedures must promote the growth, development and independence of the client.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> The blue fork and purple infant spoon that Client #7 was using has been replaced. The importance of ensuring that the residents are using age appropriate adaptive equipment will be reviewed with the staff at their team meeting on 1-13-12. The importance of ensuring 	12/30/2011	

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	<p>place setting. At 5:45 p.m. client #7 used his children's silverware to eat his supper.</p> <p>On 11-29-11 from 5:55 a.m. until 7:25 a.m. an observation at the home of client #7 was conducted. At 6:00 a.m. client #7 was observed to use a purple infant spoon to eat his breakfast.</p> <p>The 11-28-11 client roster was reviewed on 11-28-11 at 1:00 p.m. and indicated client #7 was over 18 years of age.</p> <p>On 11-29-11 at 1:00 p.m. an interview with the QMRP (Qualified Mental Retardation Professional) stated client #7 used adaptive silverware but using children's silverware was "not appropriate."</p> <p>9-3-5(a)</p>		<p>that the residents are using age appropriate adaptive equipment was reviewed with the RC's at their team meeting on 12-8-11.</p> <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 of the residents have the potential to be affected by the same deficient practice. · The adaptive equipment utilized by the residents will be reviewed and monitored by the RC to ensure that it is age appropriate. · The importance of ensuring that the residents are using age appropriate adaptive equipment will be reviewed with the staff at their team meeting on 1-13-12. · The importance of ensuring that the residents are using age appropriate adaptive equipment was reviewed with the RC's at their team meeting on 12-8-11. <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 adaptive equipment utilized by the residents will be reviewed and monitored by the RC to ensure that it is age appropriate. · The importance of ensuring that the residents are using age 		

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W0484	<p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation, record review, and interview, the facility failed for 3 of 4 sampled clients (clients #1, #3, and #4) and for 2 additional clients (clients #6 and #8) to ensure a full set of silverware was offered at supper time.</p> <p>Findings include:</p> <p>On 11-28-11 from 3:45 p.m. until 5:50 p.m. an observation at the home of clients #1, #3, #4, #6, and #8 was conducted. At</p>	W0484	<p>appropriate adaptive equipment will be reviewed with the staff at their team meeting on 1-13-12.</p> <ul style="list-style-type: none"> The importance of ensuring that the residents are using age appropriate adaptive equipment was reviewed with the RC's at their team meeting on 12-8-11. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> The RC will monitor on a daily basis. The ARC will monitor as they complete their audits. <p>1.What is the date by which the systemic changes will be completed? December 30 th , 2011</p> <p>W 484 Dining Areas and Service The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> Programming will be implemented for Clients #1, #3, #4, #6 and #8 in setting the table properly with all utensils. The importance of ensuring 	12/30/2011	

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	<p>5:30 p.m. clients #1, #3, #4, #6, and #8 were observed to eat spaghetti, salad, pears, and a breadstick with a fork and a spoon. At 5:40 p.m. client #3 was observed to cut his spaghetti with his fork. At 5:45 p.m. client #8 was observed to tilt his head back, lift the fork full of spaghetti over his head, and drop the spaghetti into his mouth. Direct care staff (DCS) #6 prompted client #8 to twirl his spaghetti on his fork.</p> <p>On 11-29-11 at 11:30 a.m. a record review for client #1 was conducted. The Comprehensive Functional Assessment (CFA) dated 5-10-11 did not indicate client #1 could not have a butter knife at meals. The Individualized Support Plan (ISP) dated 3-15-11 indicated client #1 could use a knife with assistance.</p> <p>On 11-29-11 at 10:30 a.m. a record review for client #3 was conducted. The CFA dated 4-29-11 did not indicate client #3 could not have a butter knife a meal times. The ISP dated 4-26-11 indicated client #3 could use a knife with assistance.</p> <p>On 11-29-11 at 11:00 a.m. a record review for client #4 was conducted. The CFA dated 5-10-11 did not indicate client #4 could not use a butter knife at meals. The ISP dated 4-28-11 indicated client #4</p>		<p>that the table is set properly at meal times was reviewed with the staff at their team meeting on 12-9-11.</p> <ul style="list-style-type: none"> · The importance of ensuring that the table is set properly at meals times was reviewed with the RC's at their team meeting on 12-8-11. <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 RC will monitor and implement programming for the residents to ensure that their active treatment needs for dining are being met. As their needs change, the RC will ensure that they update their ISP, IPOP's and implement training goals to address the concerns. · The importance of ensuring that the table is set properly at meal times was reviewed with the staff at their team meeting on 12-9-11. · The importance of ensuring that the table is set properly at meals times was reviewed with the RC's at their team meeting on 12-8-11. <p>1.What measures will be put into place or what systemic changes will be made to</p>		

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NAME OF PROVIDER OR SUPPLIER OCCAZIO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 23 SKYVIEW DR CHESTERFIELD, IN46017		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	
	<p>could use a knife with assistance.</p> <p>On 11-29-11 at 1:00 p.m. an interview with the Qualified Mental Retardation Professional indicated a full set of silverware should be offered at meals.</p> <p>9-3-8(a)</p>		<p>ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · The RC will monitor and implement programming for the residents to ensure that their active treatment needs for dining are being met. As their needs change, the RC will ensure that they update their ISP, IPOP's and implement training goals to address the concerns. · The importance of ensuring that the table is set properly at meal times was reviewed with the staff at their team meeting on 12-9-11. · The importance of ensuring that the table is set properly at meals times was reviewed with the RC's at their team meeting on 12-8-11. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Residential Coordinator will monitor on a daily basis while 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? December 30 th , 2011</p>		