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 03/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCCAZIO INC	4312 W HUMMINGBIRD WAY MUNCIE, IN 47304

(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
W000000	This visit was for a fundamental annual recertification and state licensure survey. Dates of Survey: March 11, 12, 13 and 14, 2013. Facility number: 000859 Provider number: 15G343 AIM number: 100244170 Surveyor: Kathy Wanner, Medical Surveyor III. The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed March 21, 2013 by Dotty Walton, Medical Surveyor III.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

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 03/14/2013
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304	

(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
W000140	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed to maintain a system that assured a full and complete accounting of the personal funds for 2 of 4 sampled clients (clients #3 and #4) and 3 of 4 additional clients (clients #5, #7 and #8). Findings include: Facility records were reviewed on 3/11/13 at 3:15 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time frame between 3/11/12 and 3/11/13. The BDDS reports indicated 2 of 4 sampled clients (clients #3 and #4) and 3 of 4 additional clients (clients #5, #7 and #8) had money missing from their personal in-house accounts. BDDS reports dated 4/9/12 for 4/9/12 at 11:00 A.M. indicated "... it was found on April 9, 2012, that funds were missing from the in-house accounts for [client #7], [client #4], [client #5], [client #3], and [client #8]. Occazio is fully investigating the missing funds. No staff member has been suspended due to no specific person can be pinpointed as the responsible party	W000140	**W 140 Client Finances** The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. **1. What corrective action will be accomplished?** · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box. · Regular audits of the finances will be completed by the RC and the Site Manager for the home. · Resident fund money is locked in a lock box inside a locked cabinet. Only the Site Manager and RC have keys to the locked cabinet and lock box. · Site manager and RC will use money orders on behalf of residents when at all possible.	04/13/2013

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 03/14/2013
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304	

(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
	at this time. All in house funds were accounted for on Thursday, April 5, 2012. Occazio is currently investigating the missing funds. Once the investigation is complete and the accounts are reconciled, all resident missing funds will be reimbursed by Occazio." 1. "[Client #3] is missing $10.00 (ten dollars)." 2. "[Client #4] is missing $50.00 (fifty dollars)." 3. "[Client #5] is missing $15.00 (fifteen dollars)." 4. "[Client #7] is missing $15.00 (fifteen dollars).' 5. "[Client #8] is missing $20.00 (twenty dollars)." Follow-up BDDS reports dated 4/16/12 indicated "...the staff [name] of group home who worked since 4/5/12 were interviewed. All of them denied taking the money and denied seeing someone in the filing cabinets...the money was in a locked filing cabinet in the staff office. The RC and the DSA (Direct Support Associate) have found that the filing cabinet can be opened by using other means outside of the key assigned to		**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?** · All residents have the potential to be affected by the same deficient practice. · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box. · Regular audits of the finances will be completed by the RC and the Site Manager for the home. · Resident fund money is locked in a lock box inside a locked cabinet. Only the Site Manager and RC have keys to the locked cabinet and lock box. · Site manager and RC will use money orders on behalf of residents when at all possible. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box.	

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 03/14/2013
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304	

(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
	it...The committee is able to determine that there is missing money from Occazio and the residents at [name] group home; however, we are unable to substantiate who took the money... Recommendations: reimburse all of the residents who had money missing, purchase an additional lock box to secure the money in the locked filing cabinet, consider replacing or adding an additional lock to the file cabinet." Copies of reimbursement checks dated 4/13/12 were reviewed on 3/13/13 at 2:08 P.M. The reimbursement checks indicated client #3 was repaid $10.00, client #4 was repaid $50.00, client #5 was repaid $15.00, client #7 was repaid $15.00 and client #8 was repaid $20.00 on 4/13/12. The RC (Residential Coordinator) was interviewed on 3/14/13 at 12:06 P.M. The RC stated, "We never did find out where the missing money went. We did implement the lock box so the money is double locked." The RC indicated she was not aware the file cabinet could be unlocked using something other than a key. The PS (Program Specialist) was interviewed on 3/14/13 at 12:44 P.M. The PS stated, "We were unable to identify		· Regular audits of the finances will be completed by the RC and the Site Manager for the home. · Resident fund money is locked in a lock box inside a locked cabinet. Only the Site Manager and RC have keys to the locked cabinet and lock box. · Site manager and RC will use money orders on behalf of residents when at all possible. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · The Site Manager will monitor daily when they are in the home. · The RC will monitor on a regular basis when they are in the home. · The ARC will monitor as they complete their audits. **5. What is the date by which the systemic changes will be completed?**	

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 03/14/2013
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304	

(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
	where the money went. The clients were reimbursed and additional safeguards (new lock box, money now under double lock, RC and PS only ones with a key) were put into place for the money." The PS indicated the in-house funds were secured at the Occazio office during the investigation. The PS indicated they had no idea the file cabinet lock could be opened with out the key, or by using something other than the file cabinet key. 9-3-2(a)		April 13 th , 2013	

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 03/14/2013
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304	

(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
W000149	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 on record review and interview, the facility failed to follow their Suspected Abuse, Neglect and Exploitation Policy by failing to ensure 2 of 4 sampled clients (clients #3 and #4) and 3 of 4 additional clients (clients #5, #7 and #8) were not victims of financial exploitation. Findings include: Facility records were reviewed on 3/11/13 at 3:15 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time frame between 3/11/12 and 3/11/13. The BDDS reports indicated 2 of 4 sampled clients (clients #3 and #4) and 3 of 4 additional clients (clients #5, #7 and #8) had money missing from their personal in-house accounts. BDDS reports dated 4/9/12 for (for 5 incidents on) 4/9/12 at 11:00 A.M. indicated "... it was found on April 9, 2012, that funds were missing from the in-house accounts for [client #7], [client #4], [client #5], [client #3], and [client #8]. Occazio is fully investigating the missing funds. No staff member has been suspended due to no specific person can	W000149	**W 149 Staff Treatment of Clients** The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. **1. What corrective action will be accomplished?** · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 2-8-13. · Staff who fail to follow Occazio's policy #2105 Abuse, Neglect and Exploitation will be subject to discipline actions. · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box. · Regular audits of the finances will be completed by the RC and the Site Manager for the home. · Resident fund money is locked in a lock box inside a	04/13/2013

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 03/14/2013
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304	

(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
	be pinpointed as the responsible party at this time. All in house funds were accounted for on Thursday, April 5, 2012. Occazio is currently investigating the missing funds. Once the investigation is complete and the accounts are reconciled, all resident missing funds will be reimbursed by Occazio." 1. "[Client #3] is missing $10.00 (ten dollars)." 2. "[Client #4] is missing $50.00 (fifty dollars)." 3. "[Client #5] is missing $15.00 (fifteen dollars)." 4. "[Client #7] is missing $15.00 (fifteen dollars).' 5. "[Client #8] is missing $20.00 (twenty dollars)." Follow-up BDDS reports dated 4/16/12 indicated "...the staff [name] of group home who worked since 4/5/12 were interviewed. All of them denied taking the money and denied seeing someone in the filing cabinets...the money was in a locked filing cabinet in the staff office. The RC and the DSA (Direct Support Associate) have found that the filing cabinet can be opened by using other		locked cabinet. Only the Site Manager and RC have keys to the locked cabinet and lock box. · Site manager and RC will use money orders on behalf of residents when at all possible. **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?** · All residents have the potential to be affected by the same deficient practice. · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 2-8-13. · Staff who fail to follow Occazio's policy #2105 Abuse, Neglect and Exploitation will be subject to discipline actions. · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box. · Regular audits of the finances will be completed by the RC and the Site Manager for the home. · Resident fund money is locked in a lock box inside a	

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 03/14/2013
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304	

(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
	means outside of the key assigned to it...The committee is able to determine that there is missing money from Occazio and the residents at [name] group home; however, we are unable to substantiate who took the money... Recommendations: reimburse all of the residents who had money missing, purchase an additional lock box to secure the money in the locked filing cabinet, consider replacing or adding an additional lock to the file cabinet." Copies of reimbursement checks dated 4/13/12 were reviewed on 3/13/13 at 2:08 P.M. The reimbursement checks indicated client #3 was repaid $10.00, client #4 was repaid $50.00, client #5 was repaid $15.00, client #7 was repaid $15.00 and client #8 was repaid $20.00 on 4/13/12. The facility policy for" Suspected Abuse, Neglect and Exploitation Reporting" dated 1/1/11 was reviewed on 3/13/13 at 2:17 P.M. and indicated the following: "Occazio, Inc. will not tolerate mistreatment, abuse, neglect or exploitation of any Occazio resident/consumer...Exploitation-where a person has taken advantage of a resident's/consumer's personal services or property to the resident's/consumer's detriment...d. In cases of possible		locked cabinet. Only the Site Manager and RC have keys to the locked cabinet and lock box. · Site manager and RC will use money orders on behalf of residents when at all possible. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 2-8-13. · Staff who fail to follow Occazio's policy #2105 Abuse, Neglect and Exploitation will be subject to discipline actions. · Staff will be retrained on the importance of securing and accounting for the money that is kept in the lock box. · Regular audits of the finances will be completed by the RC and the Site Manager for the home. · Resident fund money is locked in a lock box inside a locked cabinet. Only the Site Manager and RC have keys to the locked cabinet and lock box.	

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 03/14/2013
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304	

(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
	financial exploitation, Occazio will suspend all activity on the involved resident's/consumer's financial account and will forward all applicable financial records to the business office for auditing. The business office will complete the financial record audit and forward a report of the audit to the suspected Abuse, Neglect or Exploitation Committee with-in the five-day timeframe." The RC (Residential Coordinator) was interviewed on 3/14/13 at 12:06 P.M. The RC stated, "We never did find out where the missing money went. We did implement the lock box so the money is double locked." The RC indicated she was not aware the file cabinet could be unlocked using something other than a key. The PS (Program Specialist) was interviewed on 3/14/13 at 12:44 P.M. The PS stated, "We were unable to identify where the money went. The clients were reimbursed and additional safeguards (new lock box, money now under double lock, RC and PS only ones with a key) were put into place for the money." The PS indicated the in-house funds were secured at the Occazio office during the investigation. The PS indicated they had no idea the file cabinet lock could be opened without the key, or by using		· Site manager and RC will use money orders on behalf of residents when at all possible. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · The Site Manager will monitor on a daily basis when they are in the home. · The RC will monitor on a regular basis when they are in the home. · The ARC will monitor as they complete their audits. **5. What is the date by which the systemic changes will be completed?** April 13 th , 2013	

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 03/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCCAZIO INC	4312 W HUMMINGBIRD WAY MUNCIE, IN 47304

(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
	something other than the file cabinet key. The PS indicated it was against Occazio policy to not maintain the client's money in a safe manner. 9-3-2(a)			