STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G726	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 01/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY ENTERPRISES	501 ALBERT ST VALPARAISO, IN 46383

(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: 1/28/14 and 1/29/14. Facility Number: 004789 Provider Number: 15G726 AIMS Number: 200827230 Surveyors: Amber Bloss, QIDP-TC Paul Rowe, Federal Surveyor These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/4/14 by Ruth Shackelford, QIDP.	W000000		
W000336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.			

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.

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	Based on record review and interview, the facility failed to review the clients' health status on a quarterly basis for 3 of 3 sampled clients who reside in the home (Clients #1, #2, #3). Findings include: On 1/29/14 at 1:01 PM, record review indicated Client #1's diagnoses included, but were not limited to, anxiety, intellectual disabilities, constipation, xerophthalmia (eyes fail to produce tears), and scoliosis. Record review indicated Client #1 did not have nursing quarterly reviews. On 1/29/14 at 1:25 PM, record review indicated Client #2's diagnoses included, but were not limited to, mild intellectual disabilities, psychotic and mood disorder, and Down Syndrome. Record review indicated Client #2 did not have nursing quarterly reviews. On 1/29/14 at 2:05 PM, record review indicated Client #3's diagnosis included, but was not limited to, severe intellectual disabilities. Record review indicated Client #3 did not have nursing quarterly reviews. On 1/29/14 at 11:21 AM during an interview, the Lead Nurse indicated the nurse had not completed nursing quarterly reviews for clients #1, #2, and #3. The Lead Nurse indicated she thought the nurse had completed only monthly reviews but documentation was not available for review. The Lead Nurse indicated the nurse	W000336	Cite W336 – The nursing dept will perform quarterly nursing reviews on each participant and have this completed by 2/28/14. To ensure future compliance the quarterlies will be checked by the Social Services Senior Director upon completion at the end of each quarter . File audits will be completed on a random sample of files to ensure nursing forms are completed and in the participant file by the Lead nurse twice a year.	02/28/2014

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	should have completed nursing quarterly reviews for clients #1, #2, and #3. 9-3-6(a)			
W000363	483.460(j)(2) DRUG REGIMEN REVIEW The pharmacist must report any irregularities in clients' drug regimens to the prescribing physician and interdisciplinary team. Based on interview and record review, the facility failed to assure documentary evidence of the physicians' review of irregularities/issues identified by the pharmacist in ongoing drug regimen reviews. This failure had the potential to affect 2 of 3 clients added to the sample for drug regimen review failures (clients #4 and #5). Findings include: On 1/28/14 at 12:35 PM, a review was conducted of the drug regimen reviews completed by the Consulting Pharmacist. The quarterly pharmacy review for Client #4, dated 8/21/13, indicated, "Diagnoses are missing from the Medication Sheet for the following meds: Abilify and Vesicare." No evidence existed of this recommendation having been forwarded to or reviewed by the physician.	W000363	Cite W363 – No later than 2/28/2014 the group home nurse or designee will ensure all recommendations made by the pharmacist in the review are faxed to the physician with a request for review and signature. The lead nurse and/or designee will review the physician's orders and make appropriate changes to the Med Administration Records. To ensure further compliance, the pharmacist will seek clarification from the lead nurse and/or prescribing doctor prior to printing medication administration sheets. Quarterly, the Lead nurse will complete file audits to ensure that this process is continued and that the agency remains in compliance.	02/28/2014

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	The quarterly pharmacy review for Client #5, dated 1/16/13, indicated, "[Client #5] has been taking Clonazepam for the past 6 months without a dose reduction-Recommend reducing dose from 1 mg. to .5 mg." No evidence existed of this recommendation having been forwarded to or reviewed by the physician. The quarterly pharmacy review for Client #5, dated 10/31/13, indicated, "[Client #5] currently has several PRN (as needed) meds listed in her medical record prescribed by Dr. Unknown. Please consult with Primary Care Physician to determine the need for the necessity of these meds." On 1/29/14 at 11:21 AM during an interview, the Lead Nurse indicated the facility had no documentation to indicate the prescribing physician reviewed the pharmacy drug regimen reviews for clients #4 and #5. 9-3-6(a)			