

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G488		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/25/2013	
NAME OF PROVIDER OR SUPPLIER  OCCAZIO INC				STREET ADDRESS, CITY, STATE, ZIP CODE 38 RYAN DR TRAFALGAR, IN 46181			
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 6/17/13, 6/18/13, 6/19/13 and 6/25/13.</p> <p>Facility Number: 001002 Provider Number: 15G488 AIMS Number: 100245020</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 1, 2013 by Dotty Walton, QIDP.</p>	W000000					

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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W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility's HRC (Human Rights Committee) failed to review, monitor and approve restricting client #4's participation in the group home's family style dining.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/19/13 from 6:15 AM through 8:15 AM. At 6:15 AM clients #1, #2, #7 and #8 were seated at the group home's kitchen table participating in family style dining for breakfast. Client #4 remained in his bedroom throughout the group home's breakfast. At 7:45 AM, clients #1, #2, #3, #5, #6 and #7 had finished eating their breakfast and were in the living room waiting to begin transportation to the day service provider. At 7:45 AM client #4 was brought to the dining room table by staff #1. Client #4 was not able to independently walk and utilized a wheelchair with staff assistance to move through the group home. Client #4 ate his</p>	W000262	<p><b>W262 Program Monitoring and Change</b></p> <p>The facility's HRC failed to review, monitor and approve restricting client #4's participation in the group home's family style dining.</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Implement seating arrangement to ensure that Client #4 is seated at end of table with two staff seated at either side of him so that he may participate in family-style dining.</li> <li>· Update dining plan for Client #4 to reflect seating arrangement.</li> <li>· Staff training regarding Client #4's dining plan.</li> <li>· Staff training regarding use of least restrictive interventions.</li> <li>· The SM will complete monthly meal observations to</li> </ul>	07/25/2013	

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	<p>breakfast with staff #1 at the dining room table with no peers at the table or in the dining room area. Client #4 was not encouraged/permitted to participate in the group home's family style dining.</p> <p>Observations were conducted at the group home on 6/19/13 from 4:30 PM through 6:30 PM. At 5:30 PM, staff #1 indicated client #4's meal was ready for him to eat. Client #4's meal was pureed spaghetti, breadstick and pineapple. Client #4 was seated outside on the group home's porch with SM #1 (Site Manager) and Nurse #1. Staff #1 assisted client #4 to the dining room table to eat his meal. Staff #1 indicated client #4 eats his meal before his peers eat. At 5:35 PM client #4 was seated at the table with staff #1 eating his evening meal. At 5:38 PM client #1 came into the kitchen area to sit down at the dining room table. Staff #1 redirected client #1 to return to the living room to wait for client #4 to finish eating his meal. At 5:41 PM, client #5 came into the kitchen area to sit down at the kitchen table. Staff #1 redirected client #5 to wait for client #4 to finish eating his meal before coming to the dining room table. At 5:50 PM, staff #1 indicated client #4 was finished eating his meal and he was assisted to the living room. At 5:55 PM, clients #1, #2, #3, #5, #6 and #8 were prompted by staff #1 and #2 to come to</p>		<p>ensure that the residents dining plans are being followed.</p> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· QMRP will review dining plans and behavior plans of all residents to assess appropriateness.</li> <li>· Staff training regarding all residents dining plans.</li> <li>· Staff training regarding use of least restrictive interventions.</li> <li>· The SM will complete monthly meal observations to ensure that the residents dining plans are being followed.</li> </ul> <p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p>				

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	<p>the dining room table to eat their evening meal. Client #4 was not encouraged/permitted to participate in the group home's family style dining.</p> <p>Client #4's record was reviewed on 6/19/13 at 8:31 AM. Client #4's record did not indicate documentation of the facility's HRC review, monitoring and/or approval of client #4 being restricted from participation in the group home's family style dining.</p> <p>Interview with staff #1 on 6/19/13 at 5:45 PM indicated client #4 did not eat with his peers. Staff #1 indicated client #4 had attempted to steal/grab his housemates' food during family style dining. Staff #1 indicated client #4 ate before or after his peers to limit his ability to steal/grab his peers' food during family style dining.</p> <p>Nurse #1 was interviewed on 6/19/13 at 6:15 PM. Nurse #1 indicated client #4 had attempted to steal/grab his peers' food and was being fed at alternate times to limit his access to peers' food.</p> <p>9-3-4(a)</p>		<ul style="list-style-type: none"> <li>· QMRP will review dining plans and behavior plans of all residents to assess appropriateness.</li> <li>· Staff training regarding all residents dining plans.</li> <li>· Staff training regarding use of least restrictive interventions.</li> <li>· The SM will complete monthly meal observations to ensure that the residents dining plans are being followed.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The RC will monitor when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> <li>· The SM will monitor daily as they are in the home.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b></p>				

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W000289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4's restriction from family style dining with his housemates was included in client #4's BSP (Behavior Support Plan)/ISP (Individual Support Plan).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/19/13 from 6:15 AM through 8:15 AM. At 6:15 AM, clients #1, #2, #7 and #8 were seated at the group home's kitchen table participating in family style dining for breakfast. Client #4 remained in his bedroom throughout breakfast. At 7:45 AM, clients #1, #2, #3, #5, #6 and #7 had finished eating their breakfast and were in the living room waiting to begin transportation to the day service provider. At 7:45 AM, client #4 was brought to the dining room table by staff #1. Client #4 was not able to independently walk and utilized a wheelchair with staff assistance to move through the group home. Client #4 ate his breakfast with staff #1 at the</p>	W000289	<p><b>W289 Mgmt of Inappropriate Client Behavior</b></p> <p>The facility failed to ensure Client #4's restriction from family style dining with his housemates was included in Client #4's BSP/ISP.</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Implement seating arrangement to ensure that Client #4 is seated at end of table with two staff seated at either side of him so that he may participate in family-style dining.</li> <li>· Update dining plan for Client #4 to reflect seating arrangement.</li> <li>· Staff training regarding Client #4's dining plan.</li> <li>· Staff training regarding use of least restrictive interventions.</li> <li>· Monthly meal observations will be completed by the Site Manager.</li> </ul>	07/25/2013
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	<p>dining room table with no peers at the table or in the dining room area. Client #4 was not encouraged/permitted to participate in the group home's family style dining.</p> <p>Observations were conducted at the group home on 6/19/13 from 4:30 PM through 6:30 PM. At 5:30 PM, staff #1 indicated client #4's meal was ready for him to eat. Client #4's meal was pureed spaghetti, breadstick and pineapple. Client #4 was seated outside on the group home's porch with SM #1 (Site Manager) and Nurse #1. Staff #1 assisted client #4 to the dining room table to eat his meal. Staff #1 indicated client #4 ate his meal before his peers ate. At 5:35 PM, client #4 was seated at the kitchen table with staff #1 eating his evening meal. At 5:38 PM client #1 came into the kitchen area to sit down at the kitchen table. Staff #1 redirected client #1 to return to the living room to wait for client #4 to finish eating his meal. At 5:41 PM client #5 came into the kitchen area to sit down at the dining room table. Staff #1 redirected client #5 to wait for client #4 to finish eating his meal before coming to the dining room table. At 5:50 PM, staff #1 indicated client #4 was finished eating his meal and he was assisted to the living room. At 5:55 PM, clients #1, #2, #3, #5, #6 and #8 were prompted by staff #1 and #2 to come</p>		<p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· QMRP will review dining plans and behavior plans of all residents to assess appropriateness.</li> <li>· Staff training regarding all residents dining plans.</li> <li>· Staff training regarding use of least restrictive interventions.</li> <li>· Monthly meal observations will be completed by the Site Manager.</li> </ul> <p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· QMRP will review dining plans and behavior plans of all residents to assess</li> </ul>				

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	<p>to the dining room table to eat their evening meal. Client #4 was not encouraged/permitted to participate in the group home's family style dining.</p> <p>Client #4's record was reviewed on 6/19/13 at 8:31 AM. Client #4's 4/26/13 ISP did not indicate client #4 should be restricted from participation in the group home's family style dining. Client #4's 4/26/13 BSP did not indicate client #4 should be restricted from participation in the group home's family style dining.</p> <p>Interview with staff #1 on 6/19/13 at 5:45 PM indicated client #4 did not eat with his peers. Staff #1 indicated client #4 had attempted to steal/grab his housemates food during family style dining. Staff #1 indicated client #4 would eat before or after his peers to limit his ability to steal/grab his peers' food during family style dining.</p> <p>Nurse #1 was interviewed on 6/19/13 at 6:15 PM. Nurse #1 indicated client #4 had attempted to steal/grab his peers' food and was being fed at alternate times to limit his access to peers food. Nurse #1 stated, "It's not really part of a plan. If it's not part of a plan we probably shouldn't be doing it."</p> <p>9-3-4(a)</p>		<p>appropriateness.</p> <ul style="list-style-type: none"> <li>· Staff training regarding all residents dining plans.</li> <li>· Staff training regarding use of least restrictive interventions.</li> <li>· Monthly meal observations will be completed by the Site Manager.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The RC will monitor when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> <li>· The SM will monitor daily as they are in the home.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b></p> <p>July 25, 2013</p>				

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W000331	<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 4 sampled clients (#2), the facility failed to ensure nursing services met the needs of client #2 in regard to vision examination recommendations.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 6/19/13 at 10:00 AM. Client #2's vision examination form dated 11/3/11 indicated, "Return 1 year, post cataract surgery, myopia degeneration." Client #2's record did not indicate documentation of additional vision examinations following the 11/3/11 recommendation.</p> <p>Nurse #1 was interviewed on 6/19/13 at 4:50 PM. Nurse #1 indicated client #2's 11/3/11 vision recommendations should be followed. Nurse #1 indicated there was no additional documentation of follow up appointments regarding client #2's visual care.</p> <p>9-3-6(a)</p>	W000331	<p><b>W331 Nursing Services</b></p> <p>The facility failed to ensure nursing services met the needs of Client #2 in regard to vision examination recommendations.</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· A vision appointment for Client #2 has been scheduled for 8-1-13 (earliest appointment available).</li> <li>· Provide Site Manager with tracking form to ensure that all appointments are done in a timely manner.</li> <li>· Training with Site Manager regarding timeliness of appointments.</li> </ul> <p><b>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?</b></p>	07/25/2013			

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			<ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Review vision notes of all clients to ensure recommendations have been met.</li> <li>· Provide Site Manager with tracking form to ensure that all appointments are done in a timely manner.</li> <li>· Training with Site Manager regarding timeliness of appointments.</li> <li>· Nurse will review charts quarterly to ensure recommendations from physicians have been completed.</li> <li>· QMRP will monitor appointment notes weekly to ensure recommendations have been completed.</li> </ul> <p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Review vision notes of all clients to ensure recommendations have been</li> </ul>		

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			<p>met.</p> <ul style="list-style-type: none"> <li>· Provide Site Manager with tracking form to ensure that all appointments are done in a timely manner.</li> <li>· Training with Site Manager regarding timeliness of appointments.</li> <li>· Nurse will review charts quarterly to ensure recommendations from physicians have been completed.</li> <li>· QMRP will monitor appointment notes weekly to ensure recommendations have been completed.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The RC will monitor when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> <li>· The SM will monitor daily as they are in the home.</li> <li>· The Nurse will monitor as they complete their audits.</li> </ul>		

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W000436	<p><b>483.470(g)(2) SPACE AND EQUIPMENT</b> The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview for 1 of 7 clients with adaptive equipment (#1), the facility failed to ensure client #1 had prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/19/13 from 6:15 AM through 8:15 AM. Client #1 was observed in the group home throughout the observation period. Client #1 did not wear eyeglasses during the observation period.</p> <p>Observations were conducted at the group home on 6/19/13 from 4:30 PM through 6:30 PM. Client #1 was observed in the group home throughout the observation period. Client #1 did not wear eyeglasses during the observation period.</p> <p>Client #1's record was reviewed on 6/19/13 at 9:24 AM. Client #1's EDF (Emergency Data Form) dated 6/18/13 indicated client #1 should wear prescription eyeglasses. Client #1's Vision</p>	W000436	<p><b>W436 Space and Equipment</b> The facility failed to ensure Client #1 had prescription eyeglasses.</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>Client #1's eyeglasses will be repaired.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>All residents have the potential to be affected by the same deficient practice.</li> <li>QMRP will review adaptive equipment needs up all resident to ensure that equipment is available and in working order.</li> </ul>	07/25/2013			

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	<p>Care form dated 6/19/12 indicated client #4 had a prescription for full time use of eyeglasses.</p> <p>Interview with AS #1 (Administrative Staff) on 6/19/13 at 10:30 AM indicated client #1 should wear eyeglasses. AS #1 stated, "[Client #1] has eyeglasses but he needs a new lens. [Client #1] had an appointment last week but it was rescheduled. We took him to [department store] to get frames and they didn't have the right ones. [SM #1 (Site Manager)] took them to his eye doctor, they said the glasses were not fixable and needed to be replaced." When asked how long client #1 had been without his eyeglasses, AS #1 stated, "About four or five weeks."</p> <p>9-3-7(a)</p>		<ul style="list-style-type: none"> <li>· Training with Site Manager regarding adaptive equipment needs of clients and responsibility in ensuring that all clients have equipment available to them.</li> <li>· QMRP will monitor staff communication regarding any adaptive equipment needs.</li> <li>· QMRP will monitor follow-up regarding adaptive equipment needs.</li> </ul> <p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· QMRP will review adaptive equipment needs up all resident to ensure that equipment is available and in working order.</li> <li>· Training with Site Manager regarding adaptive equipment needs of clients and responsibility in ensuring that all clients have equipment available to them.</li> <li>· QMRP will monitor staff communication regarding any adaptive equipment needs.</li> <li>· QMRP will monitor follow-up regarding adaptive equipment needs.</li> </ul>		

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			<p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The RC will monitor when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> <li>· The SM will monitor daily as they are in the home.</li> <li>· The Nurse will monitor as they complete their audits.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b></p> <p>July 25, 2013</p>		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 4 additional clients (#5, #6, #7 and #8), the facility failed to conduct evacuation drills for each quarter on each shift.</p> <p>Findings include:</p> <p>The facility's evacuation drill records were reviewed on 6/18/13 at 12:26 PM. The review indicated the facility failed to conduct an evacuation drill for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7 and #8) for the fourth quarter, October through December 2012 for the 4:00 AM through 4:00 PM and 4:00 PM through 12:00 AM shifts.</p> <p>AS #1 (Administrative Staff) was interviewed on 6/18/13 at 12:45 PM. AS #1 indicated there were no additional evacuation drills available for review.</p> <p>9-3-7(a)</p>	W000440	<p><b>W440 Evacuation Drills</b></p> <p>The facility failed to conduct evacuation drills for each quarter on each shift.</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· SMs trained on regulations regarding evacuation drills.</li> <li>· Site Manager provided with a tracking form to ensure drills are done in accordance to federal guidelines.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All clients have the potential to be affected by this deficient practice.</li> <li>· Site Manager provided with a tracking form to ensure drills are done in accordance to federal guidelines.</li> </ul>	07/25/2013			

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			<ul style="list-style-type: none"> <li>· Area Residential Coordinator and Residential Coordinator will review drills monthly to ensure drills are being properly run.</li> <li>· SMs trained on regulations regarding evacuation drills.</li> </ul> <p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Site Manager provided with a tracking form to ensure drills are done in accordance to federal guidelines.</li> <li>· Area Residential Coordinator and Residential Coordinator will review drills monthly to ensure drills are being properly run.</li> <li>· SMs trained on regulations regarding evacuation drills.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The RC will monitor when</li> </ul>	

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			<p>they are in the home.</p> <ul style="list-style-type: none"> <li>· The ARC will monitor as they complete their audits.</li> <li>· The SM will monitor daily as they are in the home.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b></p> <p>July 25, 2013</p>		