

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G299	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1807 W PORTER AVE CHESTERTON, IN 46304
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W 000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 16, 19 and 20, 2015.</p> <p>Facility number: 000818 Provider number: 15G299 AIM number: 100234990</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 5, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, for 3 of 3 sampled clients (#1, #2, and #3) and 3 additional clients (#4, #5 and #6), the governing body failed to exercise general policy and operating direction over the facility to ensure it developed</p>	W 104	<p>Program policy states that staff are required to be awake during all shifts. In following that policy (see attached document) staff was immediately terminated upon discovery of sleeping on shift. To ensure staff are not neglecting duties or client care during the</p>	03/17/2015

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/or implemented a policy and procedure to give group home and facility staff guidance on ordering medications in a timely manner to prevent medication errors. The governing body failed to exercise general policy and procedure over the facility to ensure its policy and procedures were implemented in regard to preventing client neglect.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Please refer to W149: The governing body failed for 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6), to implement written policy and procedures by neglecting to provide staff supervision. Please refer to W331: The governing body failed for 3 additional client (clients #4, #5 and #6), to ensure client #6's prescribed medication was available at the group home and failed to ensure the pharmacist's recommendations were reported to the physician and Interdisciplinary Team (IDT). <p>9-3-1(a)</p>		<p>midnight shift, the manager will conduct random visits, quarterly, during the midnight shift. Beginning on January 1st, 2015, the agency began utilizing anew pharmacy. In preparation for this, the pharmacy was provided physician order sheets Dec 12,2014 to begin assembly of all residential client monthly medication supplies. Pharmacy contacted nursing department on 12/29/14,advising they did not receive are quested refill prescription from physician's office for client medications after numerous attempts, therefore medications were not available for clients. Clients were monitored by nursing staff and did not show any adverse effects. All physician ordered medication changes are discussed,monthly, at IDT meetings; pharmacy reviews discussed quarterly.</p>	

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W 125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview, for 1 of 3 sampled clients (client #1), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in medical and financial decisions.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 2/19/15 at 2:50 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records indicated:</p> <p>-BDDS report dated 12/8/14 involving client #1 indicated: "On 12/8/14 [client #1] was admitted to [Hospital name] in Chicago, Illinois for a posterior cervical infusion (spinal procedure) at 6:00 A.M.. The reason for this surgery is because [client #1] was seen by [Physician #1] who stated that [client #1]'s spine is compressed at her neck and felt [client #1] should have surgery to fix this. The</p>	W 125	<p>QDDP will consult with IDT team about a search for a health care and financial representative for client #1. After IDT meeting, QDDP will conduct investigation into a proper advocate for client#1. No other clients were affected by deficient practice. To ensure compliance, the QDDP will conduct a Consumer Safety assessment (see attached) to determine appropriateness or need for a guardian or advocate. After this assessment is completed, the QDDP will bring the assessment and results to the IDT for review and discussion. Director will ensure completion of assessment through quarterly record reviews.</p>	03/31/2015

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	<p>doctor stated if [client #1] did not have the surgery she could become paralyzed. Due to [client #1] not having a guardian the team agreed that it was in the best interest of [client #1] to have the surgery. [Client #1] was given an antibiotic through iv (intravenous) prior to the procedure. The surgery began at approximately 9:00 A.M. under general anesthesia. I was notified at 11:00 A.M. that the surgery was successfully completed with no complications...."</p> <p>A review of client #1's record was conducted on 2/20/15 at 12:20 P.M.. Client #1's Individual Support Plan (ISP) dated 3/27/14 and/or record indicated she did not have a legally appointed decision maker to assist in medical and financial decisions. The "Aging Assessment" dated 2/9/15 indicated: "[Client #1] cannot write her first name. She does not know her age, when her birthday is, the time of period of day, the day of the week, the month of the year, the name of her group home, or know the address of her group home. She needs assistive devices to walk. She occasionally shows signs of disorientation and inappropriate emotions, sometimes (sic) shown signs of depression, and often shows signs of forgetfulness. She has shown a moderate decline in her ability to communicate and great declines in her abilities to learn new</p>			

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	things and communicate. Slight changes have been noted in the pleasure she gets out of life and in the number of complaints she makes, moderate changes have been noted in her display of inappropriate behaviors, significant changes have been noted in her emotional character, and great changes have been noted in her overall physical ability to take care of herself. She occasionally wets herself during the day. [Client #1] needs help to wash herself. [Client #1] is unable to follow simple two-part commands, initiate appropriate conversation, recognize simple words, initiate her own activities, or be self-absorbed in an activity for at least 10 minutes. Her group home manager reports that [client #1] seems uninterested in doing most things, and wants staff to do nearly everything for her." The "Consumer Safety Assessment" dated 3/2014 indicated: "Not free of any chronic health condition, has physical limitations, unable to understand purposes of medications, cannot state names of medications, cannot correctly state time when medications is taken, cannot state correct dosage of medications, does not administer her own medications, cannot obtain medications independently, cannot treat minor injuries, cannot state doctor's name, unable to locate doctor's phone number in			

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	<p>the phone book, would not be able to understand medical instructions during a medical emergency, cannot recognize correct change from \$1.00, does not make change to \$20.00, cannot make plans for spending, does not purchase minor items independently, cannot select major cash expenditures, cannot prepare a budget, does not follow a budget, cannot write checks and cannot pay bills."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was completed at the facility's administrative office on 2/20/15 at 1:23 P.M.. The QIDP indicated client #1 did not have a legally sanctioned decision maker to assist her with financial and medical decisions. The QIDP further indicated client #1 required assistance with managing her finances and making medical decisions. The QIDP further indicated client #1 had no immediate family members who were actively involved in her programming.</p> <p>9-3-2(a)</p>			

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W 149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <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 for 3 of 3 sampled clients (#1, #2, #3) , and 3 additional clients (#4, #5 and #6), the facility neglected to implement written policy and procedure by failing to ensure staff supervised clients.</p> <p>Findings include:</p> <p>1. A review of the facility's records was conducted at the facility's administrative office on 2/19/15 at 2:50 P.M.. The review included the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records.</p> <p>A review of the investigation record dated 7/31/14 involving clients #1, #2, #3, #4, #5 and #6 was conducted on 2/19/15 at 4:00 P.M. and indicated: "During random midnight house checks, staff was observed to be sleeping while on shift. Staff was immediately placed on suspension. Staff admitted to sleeping on shift. Staff was released from employment with agency on 7/31/14 for violation of agency policy and state policies."</p>	W 149	Program policy states that staff are required to be awake during all shifts. In following that policy (see attached document) staff was immediately terminated upon discovery of sleeping on shift. To ensure staff are not neglecting duties or client care during the midnight shift, the manager will conduct random visits, quarterly, during the midnight shift.	03/17/2015			

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W 331 Bldg. 00	<p>A review of the facility's "Universal Policies and Procedures-Adult Services-Abuse and Neglect" policy dated 4/14/10 was conducted on 2/20/15 at 10:30 A.M.. Review of the policy indicated: "Opportunity Enterprises, Inc. does not condone and will not tolerate physical, verbal or sexual abuse, neglect or exploitation of individuals served....Definition-Neglect: Includes the refusal or failure to provide appropriate care, food, medical care or supervision."</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/20/15 at 2:45 P.M.. AS #1 indicated the staff involved in the incident dated 7/31/14 was found sleeping during her scheduled shift by the Group Home Manager. The AS indicated the staff was to be awake during her scheduled shift and further indicated the staff was terminated for client neglect.</p> <p>9-3-2(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing</p>			

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	<p>services in accordance with their needs. Based on record review and interview, the facility failed for 2 additional clients (clients #4 and #5), by not ensuring the facility's nursing services reported the pharmacist's recommendations to the physician and Interdisciplinary Team (IDT).</p> <p>Findings include:</p> <p>A review of the facility's pharmacy reviews was conducted on 2/20/15 at 2:30 P.M. The consulting pharmacist indicated:</p> <p>Consultation Report for Recommendation Created 6/10/14:</p> <p>"This patient is no longer seeing [Physician name]. Please re-evaluate the need/necessity of [client #4]'s PRN (as needed) medication regimen calcium antacid, (antacid/supplement), diphenhydramine (antihistamine), ibuprofen (pain), mapap (acetaminophen)." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>'Currently, [client #5] has some PRN medications listed in her medical record</p>	W 331	<p>All physician ordered medication changes are discussed, monthly, at IDT meetings. The nursing director will ensure all client medications are reviewed, quarterly, by a pharmacist. During quarterly pharmacy reviews, the nurse will bring each recommendation to the IDT. The IDT will discuss, document, and come to a conclusion regarding each pharmacist recommendation. If the IDT would like follow up on any pharmacist recommendation, the IDT nurse will contact the primary care physician, with the concerns or questions of the team.</p>	03/17/2015

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W 362 Bldg. 00	<p>prescribed by [Physician name] Tums (heart burn) , Benadryl (allergies), ibuprofen (pain), loratadine (allergies), Tylenol (pain), milk of magnesia (constipation), Robitussin (cough) and Rulox (stomach acid). Please evaluate the need/necessity of these medications and adjust accordingly."</p> <p>An interview with the nurse was conducted on 2/20/15 at 1:23 P.M.. The nurse indicated the facility's nursing staff were responsible for reviewing the pharmacist's recommendations and reporting the recommendations to the IDT. The nurse indicated the pharmacist's recommendations were not reported to the prescribing physician or the IDT by the former nurse.</p> <p>9-3-6(a)</p> <p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview, the facility failed for 3 of 3 sampled clients (#1, #2 and #3), and 3 additional</p>	W 362	The nursing director will ensure all client medications are reviewed, quarterly, by a pharmacist. All physician ordered	03/17/2015

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	<p>clients (#4, #5 and #6), to ensure the pharmacist reviewed clients' medications on a quarterly basis.</p> <p>Findings include:</p> <p>The pharmacist's medication review record was reviewed on 2/20/15 at 2:30 P.M.. Review of the pharmacist's medication review record indicated no medication reviews for the first (January, February and March) and third (July, August and September) quarters of 2014 for clients #1, #2, #3, #4, #5 and #6.</p> <p>A review of client #1's record was conducted on 2/20/15 at 12:20 P.M.. The record indicated client #1 was prescribed medications.</p> <p>A review of client #2's record was conducted on 2/20/15 at 12:45 P.M.. The record indicated client #2 was prescribed medications.</p> <p>A review of client #3's record was conducted on 2/20/15 at 1:15 P.M.. The record indicated client #3 was prescribed medications.</p> <p>A review of client #4's record was conducted on 2/20/15 at 11:15 A.M.. The record indicated client #4 was prescribed medications.</p>		<p>medication changes are discussed, monthly, at IDT meetings. During quarterly pharmacy reviews, the nurse will bring each recommendation to the IDT. The IDT will discuss, document, and come to a conclusion regarding each pharmacist recommendation. If the IDT would like follow up on any pharmacist recommendation, the IDT nurse will contact the primary care physician, with the concerns or questions of the team.</p>	

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	<p>A review of client #5's record was conducted on 2/20/15 at 11:30 A.M.. The record indicated client #5 was prescribed medications.</p> <p>A review of client #6's record was conducted on 2/20/15 at 11:40 A.M.. The record indicated client #6 was prescribed medications.</p> <p>An interview with the facility's nurse was conducted on 2/20/15 at 1:23 P.M.. When asked how often medications are to be reviewed by the pharmacist, the nurse stated "They should be reviewed quarterly." The nurse further indicated there was no written documentation available for review to indicate medications were reviewed by the pharmacist for the first and third quarters of 2014.</p> <p>9-3-6(a)</p>			
W 368 Bldg. 00	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview,</p>	W 368	Beginning on January 1st, 2015,	03/17/2015

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	<p>the facility failed to assure drugs administered to 1 additional client (client #6), were administered in compliance with the physician's orders.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 2/19/15 at 2:50 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records indicated:</p> <p>-BDDS report dated 4/4/14...Date of Knowledge: 4/7/14...Submitted Date: 4/7/14 involving client #6 indicated: "On 4/4/14, GHAM (Group Home Assistant Manager) failed to administer [client #6]'s Onfi 10 mg (milligram) 1/2 tablet (seizures). [Staff #13] noticed the med error on 4/5/14 however, it was not reported to me, GHM (Group Home Manager), until 6:30 A.M. on 4/7/14...GHM stated the med error was found by staff on 4/5/14 from 4/4/14 but was not reported until 4/7/14."</p> <p>-BDDS report dated 8/24/14...Date of Knowledge: 8/26/14...Submitted Date: 8/26/14 involving client #6 indicated: "I [Qualified Developmental Disabilities Professional (QDDP)] was notified of the</p>		<p>the agency began utilizing a new pharmacy. In preparation for this, the pharmacy was provided physician order sheets Dec 12,2014 to begin assembly of all residential client monthly medication supplies. Pharmacy contacted nursing department on 12/29/14,advising they did not receive are quested refill prescription from physician's office for client medications after numerous attempts, therefore medications were not available for clients. Clients were monitored by nursing staff and did not show any adverse effects. All staff, who have committed a medication administration error, have been retraining according to agency policy(see attached). To ensure compliance, validity confirmed with current physician order sheet or prescription prior to home delivery. Nursing staff ensure delivery of all ordered medication and verify the count of each ordered medication. After verification, the medications are delivered to each group home. Verification and ordering, within the new pharmacy system, are completed every 15 days, ensuring that each home has, at any time, three extra days of medication.</p>	

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	<p>incident by staff [Staff #14]. [Staff #14] stated while looking over the MAR (Medication Administration Record)/bubble packs she noticed [client #6] did not receive her Divalproex (epilepsy) on 8/24/14. [Staff #14] stated group home assistant manager was the med passer on 8/24/14. I, QDDP spoke with [Group Home Manager (GHM)] concerning the med error. GHM stated staff did not catch the med error on 8/25/14 when she was the med passer. GHM stated she will counsel staff on checking the MAR/bubble packs before and after her med pass...."</p> <p>-BDDS report dated 9/25/14 involving client #6 indicated: "I [QDDP] was notified of the incident by group home manager. I was informed that [client #6] did not receive her 7 A.M. Onfi tab 10 mg 1/2 tablet on 9/25/14. Group Home assistant manager informed me she was the med passer that morning...."</p> <p>-IR dated 1/1/15 involving client #6 indicated: "Med was not available to be passed. [Client #6] was to have Onfi 10 mg 1/2 tablet at 7 A.M. and 8 P.M. med pass."</p> <p>An interview with the group home nurse was conducted on 2/20/15 at 1:23 P.M.. The group home nurse indicated client #6</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G299	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1807 W PORTER AVE CHESTERTON, IN 46304
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W 436 Bldg. 00	<p>did not receive her prescribed medication as ordered. The nurse further indicated the facility should have ensured client #6's prescribed medication was available as ordered for administration.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT 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, the facility failed for 1 of 3 sampled clients (client #2) to encourage the use of client #2's eyeglasses.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/16/15 from 5:00 P.M. until 6:20 P.M.. During the entire observation client #2 did not and was not prompted to wear eyeglasses.</p>	W 436	<p>During an IDT meeting on March 24th, 2015, the team discussed client #2's eyeglasses. It was decided that a formal goal, for client#2 to wear her eyeglasses, independently, will be implemented, as written by the QDDP. The group home staff will document, daily, as to the progress of the formal goal. No other clients were affected by the deficient practice.</p>	03/31/2015

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	<p>A review of client #2's record was conducted on 2/20/15 at 12:45 P.M..</p> <p>Review of client #2's Individual Support Plan (ISP) dated 1/14/15 indicated: "Vision difficulties: Glasses, astigmatism (blurred vision)." Her 3/7/13 "Eye Exam" indicated she wore glasses full time.</p> <p>An interview with the facility's nurse was conducted on 2/20/15 at 1:23 P.M.. The nurse indicated staff should encourage client #2 to wear her eyeglasses.</p> <p>9-3-7(a)</p>				