

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G735	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/09/2015
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1206 S MAIN ST NEW CASTLE, IN 47362
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W 0000  Bldg. 00	<p>This visit was for a post certification revisit (PCR) to the investigation of complaint #IN00174893 completed on 8/27/15.</p> <p>Complaint #IN00174893: Not corrected.</p> <p>Dates of Survey: October 6, 7 and 9, 2015.</p> <p>Facility Number: 005553 Provider Number: 15G735 AIM Number: 200854080</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/15/15.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on interview and record review for 1 of 4 sampled clients (A) and for 2 additional clients (E and F), the governing body failed to exercise general policy and operating direction over the</p>	W 0104	<p><b>W104 Governing Body and Management</b> The governing body must exercise general policy, budget and operating direction over the facility. The facility must ensure that the</p>	11/08/2015

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>facility to ensure all injuries of unknown origin for client A and all allegations of abuse for clients E and F were investigated.</p> <p>Findings include:</p> <p>1. The governing body failed to ensure the facility implemented its policy and procedures to ensure all allegations of client to client abuse and all injuries of unknown origin were investigated for clients A, E and F. Please see W149.</p> <p>2. The facility's governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of client to client abuse and all injuries of unknown origin were investigated for clients A, E and F. Please see W154.</p> <p>This federal tag relates to complaint #IN00174893.</p> <p>This deficiency was cited on 8/27/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>		<p>specific governing body and management requirements are met.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Program Director will be retrained on investigation protocol and timeliness for client to client abuse and injuries of unknown origin, per state law.</li> <li>· Area Director will monitor completion of investigations to ensure timeliness, weekly.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Program Director will be retrained on investigation protocol and timeliness for client to client abuse and injuries of unknown origin, per state law.</li> <li>· Area Director will monitor completion of investigations to ensure timeliness, weekly.</li> </ul> <p><b>3. 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>· Program Director will be retrained on investigation protocol and timeliness for client to client abuse and injuries of unknown</li> </ul>	

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W 0149 Bldg. 00	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 for 1 of 4 sampled clients (A) and 2 additional clients (E and F), the facility failed to implement its policy and procedures to ensure all injuries of unknown origin for client A and all allegations of abuse for clients E and F were investigated.	W 0149	<p>origin, per state law.</p> <ul style="list-style-type: none"> <li>Area Director will monitor completion of investigations to ensure timeliness, weekly.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>Program Director will be retrained on investigation protocol and timeliness for client to client abuse and injuries of unknown origin, per state law.</li> <li>Area Director will monitor completion of investigations to ensure timeliness, weekly.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> 11/8/15</p> <p><b>W149 Staff Treatment of Clients</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>The facility must ensure that the specific governing body and management requirements are met.</p>	11/08/2015

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	<p>Findings include:</p> <p>The facility's policy and procedures were reviewed on 10/7/15 at 10 AM.</p> <p>The facility's April 2011 policy and procedure entitled Quality and Risk Management indicated:          __ "A. Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed.          __ B. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:          1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable....          a. Physical abuse, including but not limited to (not all inclusive):              i. intentionally touching another</p>		<p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Program Director will be retrained on investigation protocol and timeliness for client to client abuse and injuries of unknown origin, per state law.</li> <li>· Area Director will monitor completion of investigations to ensure timeliness, weekly.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Program Director will be retrained on investigation protocol and timeliness for client to client abuse and injuries of unknown origin, per state law.</li> <li>· Area Director will monitor completion of investigations to ensure timeliness, weekly.</li> </ul> <p><b>3. 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>· Program Director will be retrained on investigation protocol and timeliness for client to client abuse and injuries of unknown origin, per state law.</li> <li>· Area Director will monitor</li> </ul>				

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W 0154 Bldg. 00	<p>person in a rude, insolent or angry manner....</p> <p>4. h. Injury to an individual when the origin or cause of the injury is unknown and the injury required medical evaluation or treatment....</p> <p>___Activities initiated by Mentor that require mandated investigative components....</p> <p>b. ...alleged abuse, neglect....</p> <p>c. ...injuries of unknown origin...."</p> <p>The facility failed to implement its policy and procedures to ensure all injuries of unknown origin and all allegations of abuse were investigated for clients A, E and F. Please see W154.</p> <p>This federal tag relates to complaint #IN00174893.</p> <p>This deficiency was cited on 8/27/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on interview and record review for</p>	W 0154	<p>completion of investigations to ensure timeliness, weekly.</p> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>Program Director will be retrained on investigation protocol and timeliness for client to client abuse and injuries of unknown origin, per state law.</li> <li>Area Director will monitor completion of investigations to ensure timeliness, weekly.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> 11/8/15</p> <p><b>W154 Staff Treatment of Clients</b></p>	11/08/2015

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	<p>4 of 4 injuries of unknown origin for client A and 2 of 2 allegations of abuse for clients E and F, the facility failed to ensure all injuries of unknown origin and all allegations of abuse were investigated.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed from 8/1/15 to present time on 10/7/15 at 10 AM.</p> <p>The 9/5/15 BDDS report indicated the staff noticed client A had trouble getting up from her seated position at the dining room chair and had placed a lot of pressure on the backs of her legs. The report indicated the staff noted when client A walked away from the chair client A had a quarter size bruise along the back of her right knee.</p> <p>The 9/19/15 BDDS report indicated client A's left ankle was swollen and bruised from the top of her ankle down to her toes "approximately eight inches". The report indicated the staff took client A to a nearby hospital Emergency Room (ER) where the ER doctor had client A's left foot and ankle x-rayed. The x-rays indicated no fractures. The ER doctor told the staff the bruising and swelling was from an "extreme case of arthritis."</p>		<p>The facility must ensure that all alleged violations are thoroughly investigated.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Program Director will be retrained on investigation protocol and timeliness for client to client abuse and injuries of unknown origin, per state law.</li> <li>· Area Director will monitor completion of investigations to ensure timeliness, weekly.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Program Director will be retrained on investigation protocol and timeliness for client to client abuse and injuries of unknown origin, per state law.</li> <li>· Area Director will monitor completion of investigations to ensure timeliness, weekly.</li> </ul> <p><b>3. 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>· Program Director will be retrained on investigation protocol</li> </ul>	

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	<p>The 9/25/15 BDDS report indicated on 9/24/15 client F hit client E on left cheek "for no reason."</p> <p>The 9/29/15 BDDS report indicated on 9/28/15 client A had a one inch bruise on her right thigh and a one inch bruise on her left thigh. The report indicated "the bruises are unknown at this time."</p> <p>The 9/30/15 BDDS report indicated client E grabbed client F by the arm and caused a one inch bruise on client F's arm.</p> <p>The 10/2/15 Bureau of Developmental Disabilities Services (BDDS) report indicated while a BDDS representative was at the Day Program (DP), the representative "observed large bruise on consumer's (client A's) right leg slightly below and to the outside of her knee. Bruise appeared to be in healing stages. Consumer (client A) was unable to tell [name of BDDS representative] the cause of the bruise."</p> <p>The facility records indicated no investigations were conducted in regard to the injuries of unknown origin for client A and for the allegations of abuse for clients E and F.</p> <p>During interview with the Program</p>		<p>and timeliness for client to client abuse and injuries of unknown origin, per state law.</p> <ul style="list-style-type: none"> <li>Area Director will monitor completion of investigations to ensure timeliness, weekly.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>Program Director will be retrained on investigation protocol and timeliness for client to client abuse and injuries of unknown origin, per state law.</li> <li>Area Director will monitor completion of investigations to ensure timeliness, weekly.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> 11/8/15</p>				

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W 0331 Bldg. 00	<p>Director (PD) #1 on 10/7/15 at 11 AM, the PD:</p> <p>__ Indicated all injuries of unknown origin and all client to client abuse were to be thoroughly investigated.</p> <p>__ Indicated the previous PD recently resigned her employment with the facility and PD #2 had just gotten out of training and PD #1 was filling in for PD #2.</p> <p>__ Indicated PD #2 had been trained in regard to investigations and stated, "But all of this is still new to her and she just barely has her feet wet."</p> <p>This federal tag relates to complaint #IN00174893.</p> <p>This deficiency was cited on 8/27/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 sampled clients (A), nursing services failed to ensure the staff followed client A's High Risk Health Plan (HRHP) for falls in regard to the use</p>	W 0331	<p><b>W 331 NURSING SERVICES</b></p> <p>The facility must provide nursing services in accordance with their need.</p> <p>1. <b>What corrective action will be accomplished?</b></p>	11/08/2015	

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	<p>of a seat alarm.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/6/15 between 3:15 PM and 5 PM.</p> <p>__ Client A sat in her wheelchair throughout the observation period.</p> <p>__ From 3:15 PM until 3:50 PM client A did not have a seat alarm on her wheel chair.</p> <p>__ At 3:50 PM the Residential Manager (RM) was asked if client A was to be using a seat alarm. The RM stated, "Yes, any time she is sitting she is to have the alarm on her to alert the staff if she (client A) would try to stand on her own."</p> <p>__ The RM asked staff #1 where client A's seat alarm was. Staff #1 went to one of the drawers in the kitchen and retrieved the alarm and placed it on client A's wheelchair.</p> <p>__ From 3:15 PM until 4:30 PM client A's helmet was hanging on the back of client A's wheelchair.</p> <p>__ At 4:30 PM staff #1 assisted client A to the bathroom. Staff #1 placed client A's helmet on her prior to getting up from the wheelchair. Client A wore the helmet the remainder of the observation period.</p> <p>Client A's record was reviewed on 10/7/15 at 11 AM. Client A's record</p>		<ul style="list-style-type: none"> <li>· Facility nurse will update client A's risk plans to include seat alarm.</li> <li>· Facility nurse will be trained on completing risk plans to include appropriate safeguards and adaptive equipment</li> <li>· Facility nurse will train staff, PC and PD on client A's risk plans regarding the seat alarm.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Facility nurse will update client A's risk plans to include seat alarm.</li> <li>· Facility nurse will be trained on completing risk plans to include appropriate safeguards and adaptive equipment</li> <li>· Facility nurse will train staff, PC and PD on client A's risk plans regarding the seat alarm.</li> </ul> <p><b>3. 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>· Facility nurse will update client A's risk plans to include seat alarm.</li> <li>· Facility nurse will be trained on completing risk plans to include</li> </ul>		

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	<p>indicated client A had a history of multiple falls and falls with injury.</p> <p>Client A's HRHP for falls updated 8/27/15 by the facility's LPN indicated: "ADAPTIVE EQUIPMENT:... 2. Helmet to be worn at all times except when [client A] is in bed.... 5. Bed/chair alarm. PREVENTATIVE:... 5. w/c (wheelchair) alarm is to be used when [client A] is up in chair."</p> <p>During interview with the facility's LPN on 10/7/15 at 2:30 PM, the LPN: __ Indicated due to the continual history of falls with injury, the use of a helmet, PRN (as needed) wheelchair and the bed/seat alarms were just recently added to client A's HRHP. __ Indicated client A was to use her seat alarm whenever she was sitting in a chair and/or a wheelchair and stated, "They (the staff) should have made sure as soon as she (client A) got home from the day program that [client A] was using her seat alarm." __ Indicated client A was to wear her helmet at all times except when in bed sleeping. __ Indicated all staff had been trained on client A's updated HRHP and stated, "They (the staff) know she was supposed to wear her helmet and use the seat alarm. I'm surprised because she has had</p>		<p>appropriate safeguards and adaptive equipment</p> <ul style="list-style-type: none"> <li>· Facility nurse will train staff, PC and PD on client A's risk plans regarding the seat alarm.</li> </ul> <p>4. <b>How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· Facility nurse will update client A's risk plans to include seat alarm.</li> <li>· Facility nurse will be trained on completing risk plans to include appropriate safeguards and adaptive equipment</li> <li>· Facility nurse will train staff, PC and PD on client A's risk plans regarding the seat alarm.</li> </ul> <p>5. <b>What is the date by which the systemic changes will be completed?</b> 11/8/15</p>	

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W 9999  Bldg. 00	<p>it on every time I see her."</p> <p>This federal tag relates to complaint #IN00174893.</p> <p>This deficiency was cited on 8/27/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>	W 9999	None listed	11/08/2015	