

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G322	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/07/2011
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NAME OF PROVIDER OR SUPPLIER OCCAZIO INC	STREET ADDRESS, CITY, STATE, ZIP CODE 568 YORKTOWN RD GREENWOOD, IN46142
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 10/04/11, 10/05/11 and 10/07/11</p> <p>Facility Number: 000840 AIMS Number: 100244010 Provider Number: 15G322</p> <p>Surveyor: Robert Bauermeister, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/24/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000	Please see following POC's	
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review for 4 of 9 investigations of allegations of abuse/neglect affecting clients #5 and #6, the facility failed to implement its own policy by not reporting the results of the investigations to the Administrator or designee within 5 work days of the</p>	W0149	<p>W149 Staff treatment of clients The facility failed to implement its own policy by not reporting the results of the investigations to the Administrator or designee within 5 work days of the incident.</p>	11/06/2011

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>incident.</p> <p>Findings include:</p> <p>The facility policy, "2105 Suspected Abuse, Neglect and Exploitation Reporting," dated 01/01/11, was reviewed on 10/04/11 at 1:00 PM. The policy indicated, "i. The Suspected Abuse, Neglect or Exploitation Committee will complete its investigation within five business days of receipt of the initial oral report and report the results to the Director of Residential Services."</p> <p>See W156. For 4 of 9 investigations of allegations of abuse/neglect (affecting clients #5 and #6), the facility failed to report the results of the investigations to the Administrator or designee within 5 work days of the incident.</p> <p>Administrative Staff #1 on 10/05/11 at 1:00 PM, could not provide any documentation the Administrator or designee had reviewed the allegations of abuse/neglect within 5 work days of the incident.</p> <p>9-3-2(a)</p>		<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Training with Residential Coordinator in regard to investigative process. <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Checklist for Residential Coordinator to ensure that investigation process is completed. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Area Residential Coordinator will review investigations recorded in Therap weekly. <p>1.What is the date by which the systemic changes will be completed?</p>		

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W0156	<p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on interview and record review for 4 of 9 investigations of allegations of abuse/neglect (affecting clients #5 and #6), the facility failed to report the results of the investigations to the Administrator or designee within 5 work days of the incident.</p> <p>Findings include:</p> <p>On 10/04/11 at 1:00 PM, the facility's investigative reports conducted from 07/01/11 to 10/04/11 were reviewed.</p> <p>Client #6 - Incident Initial Report dated 07/09/11 at 9:00 PM, reviewed on 10/04/11 at 9:00 AM, indicated client #6 was injured during a peer to peer behavior of another client on the van. The General Event Report (GER), reviewed on 10/04/11 at 9:00 AM, indicated the facility Administrator designee received the report of the results of the investigation on 09/21/11 at 10:36 AM.</p> <p>Client #6 - Incident Initial Report dated 08/21/11 at 9:15 PM, reviewed on 10/04/11 at 9:00 AM, indicated client #6 had bruises on her shin/calf area on her legs. The General Event Report (GER), reviewed on 10/04/11 at 9:00 AM, indicated the facility Administrator designee received the report of the results of the</p>	W0156	<p>November 6, 2011</p> <p>W156 Staff treatment of clients The facility failed to report the results of the investigations to the Administrator or designee within 5 work days of the incident.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Training with Residential Coordinator in regard to investigative process. <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by this practice. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Checklist for Residential Coordinator to ensure that investigation process is 	11/06/2011	

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	<p>investigation on 09/13/11 at 5:01 PM.</p> <p>Client #5 - Incident Initial Report dated 08/29/11 at 6:00 PM, reviewed on 10/04/11 at 9:00 AM, indicated client #5 became agitated and "began to become aggressive and do property damage." The General Event Report (GER), reviewed on 10/04/11 at 9:00 AM, indicated the facility Administrator designee received the report of the results of the investigation on 09/21/11 at 11:09 AM.</p> <p>Client #5 - Incident Initial Report dated 09/21/11 at 6:30 PM, reviewed on 10/04/11 at 9:00 AM, indicated client #5 became agitated and "began throwing her dresser drawers at the window." The General Event Report (GER), reviewed on 10/04/11 at 9:00 AM, indicated the facility Administrator designee received the report of the results of the investigation on 10/04/11 at 3:43 PM.</p> <p>Client #5's (11:45 AM) and #6's (12:00 PM) records were reviewed on 10/05/11. The records did not document the Administrator or designee had been notified within 5 work days of the results of the investigations.</p> <p>Administrative Staff #1 on 10/04/11 at 12:30 PM, indicated the results of the investigations of client #5's and #6's allegations of abuse/neglect were not reported to the administrator or designee within 5 work days.</p> <p>9-3-2(a)</p>		<p>completed.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <p>Area Residential Coordinator will review investigations recorded in Therap weekly.</p> <p>1.What is the date by which the systemic changes will be completed?</p> <p>November 6, 2011</p>		

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W0198	<p>Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure the client was in need of active treatment.</p> <p>Findings include:</p> <p>On 10/04/11 from 4:00 PM to 6:00 PM and 10/05/11 from 6:00 AM to 8:00 AM at the group home, client #4 independently interacted with staff and other clients. Client #4's communication skills were clear and she articulated her words in an understandable manner.</p> <p>On 10/04/11 from 5:00 PM to 6:00 PM client #4 independently directed her own leisure activities.</p> <p>During the morning meal, on 10/05/11 at 6:15 AM, client #4, without assistance from staff, served herself cold cereal and ate without redirection/training, and independently took her dishes to the kitchen once she was finished.</p> <p>On 10/05/11 at 6:45 AM client #4 was observed administering her own medications. Client #4 punched the medication out of the card into a cup, told</p>	W0198	<p>W198 Admissions, Transfers, Discharge The facility failed to ensure Client 4 was in need of active treatment.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> 450B submitted to BDDS for processing of level of care. <p>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?</p> <ul style="list-style-type: none"> Clients' assessments reviewed in regard to active treatment needs. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Training with Residential Coordinator regarding assessment of client's active treatment needs. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> Clients will be assessed 	11/06/2011	

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	<p>the staff what medication it was, why she was taking it and what the side effects were for the medication.</p> <p>In an interview with client #4 on 10/04/11 at 10:00 AM she indicated she could read, write and has been taking dog grooming classes through assistance from Vocational Rehabilitation.</p> <p>On 10/04/11 at 11:00 AM client #4 was observed at the vocational day program. Client #4's supervisor indicated she was a good worker, able to get work, complete tasks and put work in a completed area without supervision from staff. The supervisor stated client #4 "could work on several jobs, and did not require a lot of instructions on how to complete new jobs."</p> <p>On 10/04/11 at 5:00 PM, Direct Contact Professional (DCP) #9 stated, "[Client #4] can independently brush her teeth, toilet, eat and bathe." DSP #9 indicated client #4 can initiate her own leisure activities at the group home. DSP #9 indicated client #4 develops a monthly calendar of activities in the community she will participate in.</p> <p>Client #4's records were reviewed on 10/05/11 at 8:00 AM. The client's 12/09/10 ISP (Individual Support Plan)</p>		<p>annually in regard to active treatment needs.</p> <p>1.What is the date by which the systemic changes will be completed?</p> <p>November 6, 2011</p>		

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	<p>indicated the client's diagnosis included, but was not limited to, Mild Mental Retardation. The ISP indicated the client was ambulatory, followed directions, communicated wants/needs, was friendly and recognized dangers. The client's Comprehensive Functional Assessment (CFA), updated 07/22/11, indicated she was independent in hygiene tasks, "[Client #4] is independent with all aspects of showering, hand washing, toileting, applying deodorant, fixing hair, etc." The CFA indicated, "[Client #4] is independent with doing her work, and with acquiring more work ... [client #4] is independent with all aspects of taking her medications."</p> <p>On 10/05/11 at 11:00 AM, Administrative Staff #1 stated the team "was not certain [client #4] needed active treatment, since she independently functioned in many areas."</p> <p>9-3-4(a)</p>				