

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G512	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/27/2012
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 355 SHEFFIELD VALPARAISO, IN 46383
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W0000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: June 25, 26, and 27, 2012.</p> <p>Facility number: 001026 Provider number: 15G512 AIM number: 100245160</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/5/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0214	<p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>Based on observation, record review, and interview, the facility failed to provide a current behavioral assessment for 1 of 1 client (client #5) who repeatedly slapped himself.</p> <p>Findings include:</p> <p>Client #5 was observed during the evening observation period on 6/25/12 from 4:04 P.M. until 7:00 P.M.. During the observation, client #5 forcefully slapped on his face nineteen times. Direct care staff #1, #2, and #3 observed the client slapping his face but did not redirect or assist the client in stopping the slapping behavior. Client #5 was observed during the morning observation period on 6/26/12 from 5:12 A.M. until 7:30 A.M.. Client #5 was observed to forcefully slap himself in the face seven times. Direct care staff #2, #3, and #4 observed the client slapping his face but did not redirect or assist the client in stopping the slapping behavior.</p> <p>Direct care staff #1 was interviewed on 6/26/12 at 7:33 A.M.. Direct care staff #1 stated, "He's (client #5) been doing this</p>	W0214	<p>A behavior assessment was completed for Client # 5, it is determined by the team that he does not require a BSP at this time. Client # 5's ISP has been updated and staff will be retrained on 7/20/2012 on the ISP. To ensure future compliance the IDT will meet monthly and assess that this is still the appropriate course of action. The QDDP-D will also monitor behavior through monthly house visits. Addendum 7/25/12: The FAST assessment showed that the "behavior" is automatic sensory stimulation. The consumer slaps himself when excited or happy. This was documented in the ISP with a desired outcome of monitoring for any changes in the consumer's behavior and this would be evaluated at monthly IDT meetings to discuss if a BSP is needed. Proposed strategies in the ISP include completing a FAST assessment annually to determine if there are any changes in behavior and the IDT will meet monthly to evaluate any changes and assess if a BSP is required. Staff will be trained to intervene through redirection when the consumer begins to slap himself to prevent potential harm.</p>	07/27/2012	

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	<p>(forcefully slapping himself) for a couple of months. It seems like he does it when he's excited."</p> <p>Client #5's record was reviewed on 6/26/12 at 8:50 A.M.. The review failed to indicate client #5's slapping behavior had been assessed.</p> <p>QDDP-D (Qualified Developmental Disabilities Professional - Designee) #1 was interviewed on 6/26/12 at 10:05 A.M.. QDDP-D #1 indicated client #5's slapping behavior had not been assessed. 9-3-4(a)</p>				

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 sampled clients (client #3), to have available for review the current IPP (Individual Program Plan) dining plan at the group home.</p> <p>Findings include:</p> <p>Client #3 was observed eating dinner during the 6/25/12 observation period from 4:04 P.M. until 7:00 P.M.. The client was observed eating a meal of ground pork tenderloin and ground green beans.</p> <p>Client #3's dining plan located at the group home was reviewed on 6/25/12 at 7:02 P.M.. The review of the client's 6/29/11 dining plan indicated he was on a 2000 milligram low sodium, high fiber diet. The 6/29/11 dining plan did not indicate the client's food was to be of ground consistency.</p> <p>Direct care staff #1 was interviewed on 6/25/12 at 7:03 P.M.. Direct care staff #1 stated, "This (client #3's dining plan) is</p>	W0248	<p>Corrected dining plan for client # 3 has been placed in the GH and staff were updated. On 7/20/12 staff will be formally trained on the dining plan and the importance of having updated documents available. To ensure future compliance, the Lead Manager will check to ensure current documentation is in each home during monthly house visits.</p>	07/27/2012
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	<p>the most current we got."</p> <p>Client #3's record was reviewed on 6/26/12 at 9:15 A.M.. A review of the client's 6/12/12 IPP dining plan indicated the following: "Mechanically grind [client #3's] meals."</p> <p>QDDP-D (Qualified Developmental Disabilities Professional - Designee) #1 was interviewed on 6/26/12 at 10:05 A.M.. QDDP-D #1 indicated client #3's current IPP dining plan had not yet been sent to the group home. 9-3-4(a)</p>				

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W0264	<p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review, and interview, the facility's human rights committee failed to review the facility's practice of using an alarm on the entrance/exit doors of the facility affecting 5 of 5 clients (clients #1, #2, #3, #4, and #5) living at the facility.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, #4, and #5 were observed at the group home during the 6/25/12 observation period from 4:04 P.M. until 7:00 P.M. and during the 6/26/12 observation period from 5:12 A.M. until 7:30 A.M.. During the above observation periods, the main exit/entrance doors to the facility were noted to have an alarm attached. The alarm sounded anytime the clients would enter or exit the facility.</p> <p>Direct care staff #1 was interviewed on 6/25/12 at 7:03 P.M.. Direct care staff #1 stated the alarms on the doors were for</p>	W0264	<p>The use of the door alarm had been HRC approved but it has been more than a year. Approval is being sought from all the consumers' guardians and/or advocates and the use of the door alarm will be submitted for annual approval to HRC once all approvals are received. The QDDP-D has been retrained regarding the annual approval requirement. To ensure future compliance, the IDT will meet monthly and will monitor to ensure all approvals are current.</p>	07/27/2012			

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	<p>client #3 who "likes to go outside."</p> <p>The facility's records were reviewed on 6/26/12 at 9:57 A.M.. A review of the facility's HRC (Human Rights Committee) minutes, from 6/1/11 to 6/26/12, failed to indicate the facility's use of door alarms was approved or monitored by the facility's HRC.</p> <p>QDDP-D (Qualified Developmental Disabilities Professional - Designee) #1 was interviewed on 6/26/12 at 10:05 A.M.. QDDP-D #1 indicated there were sounding alarms on all exit/entrance doors. QDDP-D #1 further indicated the facility's HRC had not approved or monitored the use of the door alarms.</p> <p>9-3-4(a)</p>			

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W0289	<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.</p> <p>Based on observation, record review, and interview, the facility failed to incorporate the use of door alarms into the Behavior Management Plans of 1 of 1 sampled client (client #3) with elopement behaviors for whom the alarms were used.</p> <p>Findings include:</p> <p>Client #3 was observed at the group home during the 6/25/12 observation period from 4:04 P.M. until 7:00 P.M. and during the 6/26/12 observation period from 5:12 A.M. until 7:30 A.M.. During the above observation periods, the main exit/entrance doors to the facility were noted to have an alarm attached. The alarm sounded anytime the clients would enter or exit the facility.</p> <p>Direct care staff #1 was interviewed on 6/25/12 at 7:03 P.M.. Direct care staff #1 stated the alarms on the doors were for client #3 who "likes to go outside."</p> <p>Client #3's record was reviewed on 6/26/12 at 9:15 A.M.. A review of the</p>	W0289	<p>The QDDP-D added the restrictive measure of the door alarms to client # 3's BSP and ISP. The QDDP-D has been retrained on including systematic interventions in the ISP and BSP for anyone who requires these interventions. Future compliance will be monitored by the Vice President of Consumer Services through the annual review of BSP's and ISP's.</p>	07/27/2012

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	<p>client's 4/25/12 Behavior Support Plan failed to indicate the use of a door alarm was incorporated into his Behavior Support Plan.</p> <p>QDDP-D (Qualified Developmental Disabilities Professional - Designee) #1 was interviewed on 6/26/12 at 10:05 A.M.. QDDP-D #1 indicated there were sounding alarms on all exit/entrance doors. QDDP-D #1 further indicated the use of door alarms was for client #3 wandering but was not addressed in client's Behavior Support Plan. 9-3-5(a)</p>			