

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G342	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/20/2012
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1650 E JEFFERSON ST FRANKLIN, IN 46131		
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W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: November 13, 14, 15, 16, 19 and 20, 2012.</p> <p>Facility Number: 000858 Provider Number: 15G342 AIM Number: 100244140</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/28/12 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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W0104	<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 observation, record review and interview for 8 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the facility's governing body failed to exercise operating direction over the facility to ensure needed repairs were conducted.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/13/12 from 3:07 PM to 4:53 PM and 11/16/12 from 5:52 AM to 7:36 AM. During the observations, there were three holes in client #6's bedroom walls (7 inches by 4 inches behind the bedroom door, 8 inches by 5 inches to the left of the closet and a 3 inch hole behind client #6's bed). Client #4's bedroom had a 5 inch hole in the wall behind her bedroom door. In the south bathroom, there was a 4 inch by 3 inch piece of wood to the bottom left of the bathtub. The wood was covered in a black, green, and brown substance covering the piece of wood and the surrounding caulking. In the main hallway to the right of the medication room door, there was a 2 foot by 2 foot unpainted patched area on the wall. In the half bathroom near the dining room, the</p>	W0104	<p>W 104 Governing Body</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · A maintenance request for the repairs has been submitted to the maintenance department by the RC to address the maintenance concerns within the group home. · The repair to the holes in Client #6's bedroom has begun. · The mold in bathroom #2 has been removed. · The additional maintenance needs for the home have been scheduled to be completed by 12-20-12. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what</p>	12/20/2012			

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	<p>floor was discolored and cracked.</p> <p>A review of the facility's maintenance request forms was conducted on 11/16/12 at 10:32 AM. In October and November 2012, the maintenance requests indicated on 10/9/12 by email, the staff at the group home submitted a request to address the "black mold in bathroom #2." The requests for October and November 2012 indicated there was a "big hole in wall" of client #6's bedroom. In September 2012, there was a request to address the holes in walls/closet of client #6's bedroom; the request indicated it was first reported in March 2012. In July 2012, the request indicated, "Small restroom floor water damaged."</p> <p>An interview was conducted with the Qualified Mental Retardation Professional (QMRP) on 11/16/12 at 10:26 AM. The QMRP indicated the holes in client #6's room had been there awhile and needed to be repaired. The QMRP indicated the holes had been reported to maintenance. The QMRP stated she was told to scrub the "mold" in the bathroom but she did not do so after a staff told her to not touch it. The QMRP indicated the mold needed to be removed. The QMRP indicated the half bathroom floor needed to be replaced.</p>		<p>corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The maintenance director will help identify maintenance concerns within the group homes. · The Residential Coordinators will continue to report all maintenance concerns using the monthly maintenance form. <p>3. 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"> · The maintenance director will help identify maintenance concerns within the group homes. · The Residential Coordinators will continue to report all maintenance concerns using the monthly maintenance form. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a 				

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	9-3-1(a)		<p>daily basis when they are in the home.</p> <ul style="list-style-type: none"> · The Program Specialist will monitor as they complete their audits. · The Maintenance Director will monitor as he is in the home. <p>5. What is the date by which the systemic changes will be completed?</p> <p>December 20th, 2012</p>		

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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 observation, interview and record review for 1 of 4 non-sampled clients (#8), the facility failed to ensure client #8 had the right to due process in regard to having a plan to reduce or eliminate a restriction to sharp objects.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/13/12 from 3:07 PM to 4:53 PM and 11/16/12 from 5:52 AM to 7:36 AM. During the observations, there was a locked box with sharps including knives stored in the pantry area of the kitchen.</p> <p>A review of client #8's record was conducted on 11/16/12 at 8:53 AM. His Behavior Support Plan (BSP), dated 10/5/12, indicated, "All sharps and anything that can be used as a weapon (such as tool, etc.) in the house will be locked with only staff having access to the keys." The BSP did not include a plan to reduce the restriction.</p> <p>An interview with the Qualified Mental</p>	W0125	<p>W 125 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>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> Client #8's behavior plan has been revised to include a plan to reduce the restriction. <p>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?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the 	12/20/2012			

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	Retardation Professional (QM RP) was conducted on 11/16/12 at 10:26 AM. The QMRP indicated client #8 did not have a plan to reduce the sharps restriction. The QMRP indicated there should be a plan to reduce the restriction. 9-3-2(a)		<p>same deficient practice.</p> <ul style="list-style-type: none"> The RC will review all client's behavior plans and ensure that there are plans in place to reduce identified restrictions. The residents' behavior plans will be reviewed and updated as their needs change. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>The RC will review all client's behavior plans and ensure that there are plans in place to reduce identified restrictions.</p> <p>The residents' behavior plans will be reviewed and updated as their needs change.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> The RC will monitor on a daily basis when they are in the home. The Program Specialist will monitor as they complete their 		

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			audits. 5. What is the date by which the systemic changes will be completed? December 20th, 2012		

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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, interview and record review for 8 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to ensure there was sufficient staff to supervise the clients during the morning shift.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 11/16/12 from 5:52 AM to 7:36 AM. There were two staff (#2 and #5) working upon arrival until a third staff (#3) arrived at 6:56 AM. At 6:10 AM, client #3 was in the dining room eating a heaping bowl of cereal unsupervised. The two staff present, #2 and #5, were assisting client #5 using a 2 person transfer in his bedroom leaving clients #1, #2, #3, #4, #6, #7 and #8 unsupervised. At 6:24 AM, both staff went in to assist client #5 leaving clients #3 and #7 unsupervised at the dining room table and clients #1, #2, #4, #6 and #8 unsupervised in their rooms. Client #3</p>	W0186	<p>W 186 Direct Care Staff</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · An additional staff person has been added to the days when the house is understaffed. · Staff will be retrained on Client #3's dining plan at their staff meeting on 12-11-12. <p>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?</p> <ul style="list-style-type: none"> · All residents have the 	12/20/2012			

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	<p>stated to client #8, "my pants are too tight" due to "over does it" during meals. Client #3 stated, "I shouldn't but I do."</p> <p>A review of client #3's record was conducted on 11/16/12 at 9:10 AM. Client #3's Dining Plan, dated 11/7/12, indicated, "Staff supervision required during all mealtimes/snacks times" and "Prompt to take small bites and not over-fill mouth." The plan indicated, "Measure food portions."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/16/12 at 10:26 AM. The QMRP indicated two staff were not sufficient to supervise the clients when both staff were assisting one client out of the dining room. The QMRP indicated the group home schedule regularly had two staff scheduled from 6:00 AM to 7:00 AM on Mondays and Fridays. The QMRP indicated this was not sufficient supervision.</p> <p>9-3-3(a)</p>		<p>potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> · The RC will ensure that there are appropriate numbers of staff scheduled to ensure that the residents' needs are being addressed. · Staff will be trained on all residents dining plans at their staff meeting on 12-11-12. <p>3. 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"> · The RC will ensure that there are appropriate numbers of staff scheduled to ensure that the residents' needs are being addressed. · Staff will be trained on all residents dining plans at their staff meeting on 12-11-12. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. 				

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			<p>The Program Specialist will monitor as they complete their audits.</p> <p>5. What is the date by which the systemic changes will be completed?</p> <p>December 20th, 2012</p>		

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 1 of 4 sampled clients (#1), the facility failed to ensure there were plans addressing a dental recommendation for client #1.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 11/16/12 at 8:21 AM. Client #1's dental appointment form, dated 11/10/11, indicated, "Very bad breath - brush tongue count when brushing - will help distract." His toothbrushing training objective from his Individual Support Plan (ISP), dated 7/6/12, indicated brushing his tongue and counting were not part of his training.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/16/12 at 10:26 AM. The QMRP indicated the plan should address the dentist's recommendations.</p> <p>9-3-4(a)</p>	W0227	<p>W 227 Individual Program Plan</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #1 has been put on programming to address brushing his tongue and counting while brushing. <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The residents IPOP assessments will be reviewed 	12/20/2012			

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			<p>and updated as their needs change.</p> <ul style="list-style-type: none"> As the residents needs changed programming will be implemented. <p>3. 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"> The residents IPOP assessments will be reviewed and updated as their needs change. As the residents needs changed programming will be implemented. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> The RC will monitor on a daily basis when they are in the home. The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which</p>		

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			<p>the systemic changes will be completed?</p> <p>December 20th, 2012</p>	

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 1 of 4 clients in the sample (#3) and one additional client (#6), the facility failed to ensure the clients' program plans were implemented as written.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 11/16/12 from 8:00 AM to 11:16 AM during the review of the clients' records. During the observation, client #6 was at home due to refusing to go to the workshop. During the 3 hours, none of the staff at the group home prompted client #6 to engage in activities, chores or his programming. Client #6 was in his room until 11:16 AM when he came out of his room to eat lunch. From 9:00 AM to 11:16 AM, the Qualified Mental Retardation Professional (QMRP) was the only staff at the home and did not prompt client #6 to engage in activities.</p> <p>A review of client #6's record was</p>	W0249	<p>W 249 Program Implementation</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number an frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #6 has been put on programming to address his participation in his alternate daily schedule. · Staff will be retrained on Client #6's alternate daily schedule during their staff meeting on 12-11-12. · Staff will be retrained on Client #3's dining plan at their 	12/20/2012			

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	<p>conducted on 11/16/12 at 9:45 AM. His Individual Support Plan (ISP), dated 5/11/12, indicated, "[Client #6] requires verbal prompts from staff to attend his day programming. He had been noncompliant with attending in over a year. A reinforcement schedule was created to address this issue and had helped in the past. However, it now seems to be ineffective. When he is noncompliant with attending, he generally stays in his bedroom and refuses prompts to wake and engage in activities." Client #6's Alternate Schedule Monday through Friday, dated 8/1/12, indicated, "When [client #6] is home during the day, please prompt him every 15 minutes to participate in activity listed." The activities included breakfast clean up, make bed, unpack dishwasher, put away dishes, mop kitchen, wipe down table and chair, work on programs, clean windows, prepare lunch, eat lunch, clean up, laundry, clean bedroom, organize hallway closets, and clean the bathrooms.</p> <p>An interview with the QMRP was conducted on 11/16/12 at 10:26 AM. The QMRP indicated she had not prompted client #6 to participate in his programming. The QMRP indicated client #6 should be prompted every 15 minutes.</p>		<p>staff meeting on 12-11-12.</p> <ul style="list-style-type: none"> · Staff will be retrained on the importance of ensuring active treatment throughout the day during their team meeting on 12-11-12. <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Staff will be trained on all residents dining plans at their staff meeting on 12-11-12. · Staff will be retrained on the importance of ensuring active treatment throughout the day during their team meeting on 12-11-12. <p>3. 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"> · Staff will be trained on all residents dining plans at their staff meeting on 12-11-12. 				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G342		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/20/2012	
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	<p>2) An observation was conducted at the group home on 11/16/12 from 5:52 AM to 7:36 AM. There were two staff (#2 and #5) working upon arrival until a third staff (#3) arrived at 6:56 AM. At 6:10 AM, client #3 was in the dining room eating a heaping bowl of cereal unsupervised. The two staff present, #2 and #5, were assisting client #5 in his bedroom. At 6:24 AM, both staff went in to assist client #5 leaving client #3 unsupervised at the dining room table. Client #3 stated to client #8, "my pants are too tight" due to "over does it" during meals. Client #3 stated, "I shouldn't but I do."</p> <p>A review of client #3's record was conducted on 11/16/12 at 9:10 AM. Client #3's Dining Plan, dated 11/7/12, indicated, "Staff supervision required during all mealtimes/snacks times" and "Prompt to take small bites and not over-fill mouth." The plan indicated, "Measure food portions."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/16/12 at 10:26 AM. The QMRP indicated client #3 needed to be supervised during meals and snacks and this should be implemented for every meal and snack.</p>		<ul style="list-style-type: none"> · Staff will be retrained on the importance of ensuring active treatment throughout the day during their team meeting on 12-11-12. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>December 20th, 2012</p>				

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	9-3-4(a)				

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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, interview and record review for 2 of 4 clients in the sample (#3 and #4), the facility failed to ensure: 1) client #3's guardian consented to the use of a restrictive behavior plan and 2) client #4's guardian consented to the sharps being locked.</p> <p>Findings include:</p> <p>1) A review of client #3's record was conducted on 11/16/12 at 9:10 AM. Her Behavior Support Plan, dated 3/30/12, did not include a signature from client #3's guardian. The plan included the use of three psychotropic medications: Invega for psychosis/hallucinations, Cymbalta for depression and Trileptal for psychosis/hallucinations.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/16/12 at 10:26 AM. The QMRP indicated she was unable to locate documentation indicating the guardian consented to client #3's BSP.</p> <p>2) Observations were conducted at the</p>	W0263	<p>W 263 Program Monitoring and Change</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #3's guardian has signed her behavior support plan on 11-21-12. · Client #4's guardian has signed the IDT for the locked sharps in the home 11-21-12. <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. 	12/20/2012			

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	<p>group home on 11/13/12 from 3:07 PM to 4:53 PM and 11/16/12 from 5:52 AM to 7:36 AM. During the observations, there was a locked box with sharps including knives stored in the pantry area of the kitchen.</p> <p>A review of client #4's record was conducted on 11/16/12 at 9:23 AM. Client #4's Individual Support Plan, dated 3/2/12, indicated client #4 had a guardian. There was no documentation in client #4's record indicating consent was obtained from her guardian for the sharps restriction.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/16/12 at 10:26 AM. The QMRP indicated she was unable to locate documentation indicating client #4's guardian consented to the sharps restriction.</p> <p>9-3-4(a)</p>		<ul style="list-style-type: none"> · The RC will ensure that she has obtained guardian signatures for identified restrictions. <p>3. 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"> · The RC will ensure that she has obtained guardian signatures for identified restrictions. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>December 20th, 2012</p>		

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W0314	<p>483.450(e)(4)(i) DRUG USAGE Drugs used for control of inappropriate behavior must be monitored closely in conjunction with the physician and the drug regimen review requirement at §483.460(j). Based on record review and interview for 1 of 4 clients in the sample (#3), the facility failed to ensure client #3 returned to the psychiatrist on a regular basis.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 11/16/12 at 9:10 AM. Client #3 was seen by the psychiatrist on 10/24/11 and 11/14/12. There was no documentation in client #3's record indicating client #3 was seen by the psychiatrist from 10/24/11 to 11/14/12.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/16/12 at 10:08 AM. The QMRP indicated when she took over as the QMRP for the home she realized client #3 had not been seen by the psychiatrist in a year. The QMRP indicated she spoke to staff #3 (responsible for medical appointments) to find out why client #3 had not been to the psychiatrist. The QMRP indicated staff #3 thought the psychiatrist appointment needed to be conducted annually. The QMRP indicated client #3 should have</p>	W0314	<p>W 314 Drug Usage</p> <p>Drugs used for control of inappropriate behavior must be monitored closely in conjunction with the physician and the drug regimen review requirement.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #3 saw the psychiatrist on 11-14-12. Per doctor's recommendations she is scheduled to be seen again on 2-25-13. · The DSA and RC for the home will work closely to ensure that all appointments are being scheduled in a timely manner following doctor's recommendations. <p>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?</p> <ul style="list-style-type: none"> · All residents have the 	12/20/2012			

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	<p>had quarterly psychiatric appointments between 10/24/11 and 11/14/12.</p> <p>An interview with the nurse was conducted on 11/19/12 at 1:52 PM. The nurse indicated she was aware client #3 had not been seen by the psychiatrist for over a year. The nurse indicated she became aware after conducted an audit of client #3's record. The nurse indicated client #3 could get by with an appointment every 6 months if the psychiatrist was willing. The nurse indicated the follow-up appointment slipped through the cracks due to changes in management at the home. The nurse indicated client #3 should have been seen prior to 11/14/12.</p> <p>9-3-6(a)</p>		<p>potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> · The RC will audit all of the residents' medical appointments to ensure that there are not any additional appointments that have not been completed. · The DSA and RC for the home will work closely to ensure that all appointments are being scheduled in a timely manner following doctor's recommendations. <p>3. 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"> · The RC will audit all of the residents' medical appointments to ensure that there are not any additional appointments that have not been completed. · The DSA and RC for the home will work closely to ensure that all appointments are being scheduled in a timely manner following doctor's recommendations. <p>4. How will the corrective action be monitored to ensure the deficient practice will not</p>		

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NAME OF PROVIDER OR SUPPLIER OCCAZIO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1650 E JEFFERSON ST FRANKLIN, IN 46131		
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			<p>recur?</p> <ul style="list-style-type: none"> The RC will monitor on a daily basis when they are in the home. The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>December 20th, 2012</p>		

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W0365	<p>483.460(j)(4) DRUG REGIMEN REVIEW An individual medication administration record must be maintained for each client. Based on observation, interview and record review for 4 of 4 clients (#2, #4, #5, and #6) observed to receive their medications from staff #2, the facility failed to ensure the staff initialed the Medication Administration Record (MAR) after administering the clients' medications.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 11/16/12 from 5:52 AM to 7:36 AM. At 6:00 AM, client #5 received his medication (Omeprazole) from staff #2. Prior to administering the medication, staff #2 initialed client #5's MAR, dated November 2012. At 6:14 AM, client #2 received his medications (Actonel, Doxycycline and Levothyroxine) from staff #2. Prior to administering the medications to client #2, staff #2 initialed the MAR, dated November 2012. At 6:29 AM, client #6 received his medications (Calcium Carb, Namenda, Omeprazole, Oxcarbazepine, Potassium Chloride, and Triphrocaps) from staff #2. Prior to administering the medications to client #6, staff #2 initialed the MAR, dated November 2012. At 6:40 AM, client #4 received her medications</p>	W0365	<p>W 365 Drug Regimen Review</p> <p>An individual medication administration record must be maintained for each client.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff will be retrained on the medication administration pass procedures during their staff meeting on 12-11-12. · A medication practicum will be done with Staff #2 by 12-20-12. <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Staff will be retrained on the medication administration pass procedures during their staff meeting on 12-11-12. 	12/20/2012			

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	<p>(Atorvastatin, Cymbalta, Ferrous Sulfate, Levetiracetam, Lisinopril, Medroxyprogesterone, Ranitidine and Triphrocaps) from staff #2. Prior to administering the medications to client #4, staff #2 initialed the MAR, dated November 2012.</p> <p>An interview with staff #2 was conducted on 11/16/12 at 8:55 AM. Staff #2 indicated she was aware she should initial the MAR after administering the medications. Staff #2 stated it was "tough" to find time to initial after administering the medications and it was hard to find which medications were passed on the MAR after administering the medications.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/16/12 at 10:26 AM. The QMRP indicated the staff should initial the MAR after the medications were administered.</p> <p>An interview with the nurse was conducted on 11/19/12 at 1:52 PM. The nurse indicated the staff should initial the MAR immediately after administering the medications.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> · Random medication practicums will be completed with staff to ensure that they are following the proper med pass procedures. <p>3. 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"> · Staff will be retrained on the medication administration pass procedures during their staff meeting on 12-11-12. · Random medication practicums will be completed with staff to ensure that they are following the proper med pass procedures. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. 				

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			<p>5. What is the date by which the systemic changes will be completed?</p> <p>December 20th, 2012</p>		

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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.</p> <p>Based on observation, interview and record review for 4 of 4 sampled (#1, #2, #3 and #4) and 1 of 4 non-sampled clients (#5), the facility failed to ensure staff implemented 1) client #5's recommended transfer technique due to not having the appropriate sling for client #5, 2) client #1's recommendations to wear his glasses and 3) clients #2, #3 and #4 had goals to wear their compression hose.</p> <p>Findings include:</p> <p>1) Observations were conducted at the group home on 11/13/12 from 3:07 PM to 4:53 PM and 11/16/12 from 5:52 AM to 7:36 AM. During the observations, a mechanical lift was located in the living room. The lift was not used and did not move during the observations at the group home. At 5:55 AM, staff #2 and #5 went into client #5's bedroom to assist him out of bed. At 6:25 AM, staff #2 and #5 assisted client #5.</p> <p>A review of client #5's record was conducted on 11/16/12 at 10:44 AM. On</p>	W0436	<p>W436 Space and Equipment</p> <p>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.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff is being retrained on how to use resident #5's hooyer lift during their team meeting on 12-11-12. · A new mesh sling has been obtained for resident #5 to assist with the hooyer lift. · Programming has been put in place for resident #1 to wear their glasses. · Resident #2's doctor has discontinued the order to wear his 	12/20/2012			

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	<p>11/8/11, client #5 had a mobility and seating evaluation by an Occupational Therapist (OT). The OT recommended, "Hoyer lift with sling that includes a head support - This mechanical lift may be useful in getting [client #5] safely in/out of his wheelchair. It is recommended that this style of lift be trialed to determine if his severe extensor tone will make it unsafe to use this style of transfer. [Name of staff from Rehab] has agreed to do a trial with the style of sling that separates the lower extremities and places [client #5] in a flexed position at the hips and knees. If he is safe, this will allow his caregivers a safer transfer option for [client #5]."</p> <p>An interview with the nurse was conducted on 11/19/12 at 1:52 PM. The nurse indicated she was not aware the staff were not using the lift for client #5. The nurse indicated the staff should be using the lift to transfer client #5. The nurse stated, "I guess I'll have to investigate the issue."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/16/12 at 10:26 AM. The QMRP indicated the group home staff were not using client #5's mechanical lift. The QMRP indicated client #5 was being transferred by two staff. The QMRP</p>		<p>compression hose due to having lost weight and decreased swelling in his legs.</p> <ul style="list-style-type: none"> · Resident #3 and #4 have been placed on programming to wear their compression hose. · The importance of ensuring the residents utilize their ordered adaptive equipment will be reviewed with staff at their team meeting on 12-11-12. <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Staff is being retrained on how to use the hoyer lift during their team meeting on 12-11-12. · The importance of ensuring the residents utilize their ordered adaptive equipment will be reviewed with staff at their team meeting on 12-11-12. · The residents IPOP assessments will be reviewed and updated as their needs change. · Programming will be 				

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	<p>indicated the staff should be using the lift however the staff complained of having to lift him to get the sling under him so they decided to do a 2 person transfer since they were already lifting him to get the sling in place. The QMRP indicated she was not sure if a plan to use the lift was developed and implemented. On 11/16/12 at 10:47 AM, the QMRP contacted the previous QMRP by phone. The previous QMRP indicated the group home got the original lift and the staff were trained but insurance would not cover the lift. The original lift was sent back. The group home then received another lift but the lift currently at the home was not added to client #5's plan. The QMRP indicated they were waiting to obtain a mesh sling that would not have to be removed after each use however the mesh sling was never obtained.</p> <p>2) Observations were conducted at the group home on 11/13/12 from 3:07 PM to 4:53 PM and 11/16/12 from 5:52 AM to 7:36 AM. During the observations, client #1 was not observed to wear glasses or receive prompts to wear glasses.</p> <p>A review of client #1's record was conducted on 11/16/12 at 8:21 AM. Client #1's optometrist form, dated 5/24/12, indicated "glasses for near activities."</p>		<p>implemented based on the residents assessments and as their needs change.</p> <p>3. 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"> · Staff is being retrained on how to use the hoier lift during their team meeting on 12-11-12. · The importance of ensuring the residents utilize their ordered adaptive equipment will be reviewed with staff at their team meeting on 12-11-12. · The residents IPOP assessments will be reviewed and updated as their needs change. · Programming will be implemented based on the residents assessments and as their needs change. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. 		

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	<p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/16/12 at 10:26 AM. The QMRP stated client #1 "used to" have a plan to wear glasses but she was not sure if he currently had a plan. The QMRP indicated client #1 should have a plan to wear his glasses.</p> <p>3) An observation was conducted at the group home on 11/16/12 from 5:52 AM to 7:36 AM. During the observation, clients #2, #3 and #4 were not wearing compression hose.</p> <p>A review of client #2's record was conducted on 11/16/12 at 8:44 AM. Client #2 had compression hose ordered on 6/27/12 for edema.</p> <p>A review of client #3's record was conducted on 11/16/12 at 9:10 AM. Client #3 had compression hose ordered on 6/27/12 for edema.</p> <p>A review of client #4's record was conducted on 11/16/12 at 9:32 AM. Client #4 had compression hose ordered on 6/27/12 for edema.</p> <p>An interview with staff #2 was conducted on 11/16/12 at 8:53 AM. Staff #2 indicated clients #2 and #4 refused to</p>		<p>The Program Specialist will monitor as they complete their audits.</p> <p>5. What is the date by which the systemic changes will be completed?</p> <p>December 20th, 2012</p>				

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	<p>wear their compression hose on a daily basis.</p> <p>An interview with the nurse was conducted on 11/19/12 at 1:52 PM. The nurse indicated she was aware the clients were, at times, refusing to wear their compression hose. The nurse indicated the clients should have plans to address their refusals to wear compression hose. The nurse indicated she was most concerned about client #3 being at risk for developing a venous stasis ulcer.</p> <p>An interview with the QMRP was conducted on 11/16/12 at 10:26 AM. The QMRP indicated, after review of the Medication Administration Record (MAR), clients #2 and #3 refused to wear their compression hose daily. The QMRP stated client #4 refused her compression hose "3/4 of the time." The QMRP indicated there were no goals for clients #2, #3, and #4 to wear their compression hose.</p> <p>9-3-7(a)</p>				

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 8 of 8 clients living at the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to ensure the clients were involved with setting the table for breakfast, client #2 assisted with breakfast preparation and the clients packed their own snacks for workshop/day program.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 11/16/12 from 5:52 AM to 7:36 AM. Upon arrival to the group home, the dining room table was set (plates, bowls, silverware, napkins, cups, adaptive equipment, and pitchers with drinks. Clients #1, #2, #3, #4, #5, #6, #7 and #8 were in their bedrooms. At 6:18 AM, client #2 was sitting at the dining room table. Staff #5 pureed his cereal. Staff #5 did not prompt client #2 to assist with measuring, pouring or turning on the food processor. At 6:21 AM, staff #5 gave client #2 his cereal. At 7:19 PM, staff #2 packed client #5's snack for workshop (Fig Newton's and pretzels) while client #5 was watching her. Staff #2 did not prompt client #5 to assist. Staff #2 then packed clients #1, #2, #3,</p>	W0488	<p>W 488 Dining Areas and Service</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Programming has been implemented for resident #2 on preparing his mechanical soft diet at mealtime. · Programming will be implemented for residents #1, #2, #3, #4, #5, #6, #7 and #8 on preparing their workshop snacks. · Programming will be put in place for Clients #1, #2, #3, #4, #5, #6, #7 and #8 to increase their participating in household responsibilities such as the meal preparation process and setting the table. · Staff will be retrained on ensuring active treatment and the family style dining process during 	12/20/2012			

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	<p>#4, #7 and #8's snacks. At 7:21 AM, client #4 got drinks out for staff #2. Staff #2 then put the drinks into the clients' snack bags.</p> <p>An interview with staff #2 was conducted on 11/16/12 at 8:55 AM. Staff #2 indicated she set the table prior to the surveyor arriving to the home. Staff #2 indicated the clients were not involved with setting the table. Staff #2 indicated the clients should be involved however the clients were tired and did not want to assist with setting the table in the morning. Staff #2 indicated it was easier for staff to do it.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/16/12 at 10:26 AM. The QMRP indicated the clients should be involved in all aspects of meal preparation. The QMRP indicated the clients should set the table, pack their own snacks, and client #2 should have been prompted to assist with preparing his breakfast.</p> <p>9-3-8(a)</p>		<p>meals during their team meeting on 12-11-12.</p> <p>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?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Staff will be retrained on ensuring active treatment and the family style dining process during meals during their team meeting on 12-19-12. · The residents IPOP assessments will be reviewed and updated as their needs change. · Programming will be implemented based on the residents assessments and as their needs change. <p>3. 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"> · Staff will be retrained on ensuring active treatment and the family style dining process during 		

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			<p>meals during their team meeting on 12-19-12.</p> <ul style="list-style-type: none"> · The residents IPOP assessments will be reviewed and updated as their needs change. · Programming will be implemented based on the residents assessments and as their needs change. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The Program Specialist will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>December 20th, 2012</p>		