

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  01/31/2013	
NAME OF PROVIDER OR SUPPLIER  OCCAIO 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 post certification revisit to the recertification and state licensure survey completed on 11/20/12.</p> <p>This was in conjunction with the investigation of complaint #IN00122022.</p> <p>Survey Dates: January 29, 30 and 31, 2013.</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 2/5/13 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><b>483.410(a)(1) GOVERNING BODY</b> The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 8 of 8 clients living in the group home (A, B, C, D, E, F, G and H), the governing body failed to ensure there was a policy/procedure for staff to implement in regard to a medication found on the floor.</p> <p>Findings include:</p> <p>An observation was conducted on 1/29/13 from 3:03 PM to 4:50 PM. At 4:13 PM after staff #7 administered client H's medications, the surveyor observed a pill on the floor underneath a rolling office chair. The pill matched the color (peach) and markings (L and 4) of client F's Levothyroxine. Client F's medication pass occurred at 3:34 PM and he was to receive Levothyroxine from staff #4. The surveyor was not informed staff #4 was administering client F's medication therefore client F's medication pass was not observed.</p> <p>An interview was conducted with the Residential Coordinator (RC) on 1/30/13 at 10:31 AM. The RC indicated she spoke to staff #4 on 1/29/13. Staff #4 indicated client F received his</p>	W0104	<p><b>W 104 Governing Body</b></p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Procedures for finding a dropped pill will be reviewed with staff at their team meeting on 2-26-13.</li> <li>· Occazio's medication administration policy will be reviewed with staff at their team meeting on 2-26-13.</li> <li>· A medication practicum will be completed with Staff #4 by 3-2-13 to ensure they are following proper medication administration guidelines.</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>	03/02/2013			

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	<p>Levothyroxine. The RC indicated staff #4 indicated the pill was not dropped on the floor. The RC indicated she did not know if client F received his medication on 1/29/13. The RC indicated she did not contact the nurse. The RC indicated she was unable to determine when the pill was dropped.</p> <p>An interview with the Area Residential Coordinator (ARC) was conducted on 1/30/13 at 10:34 AM. The ARC indicated the nurse would be contacted when there was a known medication error. The ARC indicated there was not a procedure to implement for a found medication.</p> <p>An interview with the nurse was conducted on 1/30/13 at 2:31 PM. The nurse indicated she should have been notified. The nurse indicated she would have contacted client F's physician to give him the information regarding what the facility found regarding the pill found on the floor. The nurse indicated there should be a policy addressing the steps staff should take when a pill was found.</p> <p>This deficiency was cited on 11/20/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>		<ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Procedures for finding a dropped pill will be reviewed with staff at their team meeting on 2-26-13.</li> <li>· Occazio's medication administration policy will be reviewed with staff at their team meeting on 2-26-13.</li> <li>· Random medication practicums will be completed with staff to ensure they are following proper medication administration guidelines.</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>· Procedures for finding a dropped pill will be reviewed with staff at their team meeting on 2-26-13.</li> <li>· Occazio's medication administration policy will be reviewed with staff at their team meeting on 2-26-13.</li> <li>· Random medication practicums will be completed with staff to ensure they are following proper medication administration</li> </ul>				

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			<p>guidelines.</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>· The RC will monitor on a daily basis when they are in the home.</li> <li>· The Program Specialist will monitor as they complete their audits.</li> <li>· The RN will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b></p> <p>March 2, 2013</p>		

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W0249	<p><b>483.440(d)(1) PROGRAM IMPLEMENTATION</b></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 (B), the facility failed to ensure client B had his walker and gait belt accessible to him at the day program per his risk plan for falls.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/30/13 from 10:12 AM to 11:34 AM. During the observation, client B was not at the home. Client B's walker and gait belt were in the living room at the group home.</p> <p>A review of client B's record was conducted on 1/30/13 at 10:38 AM. Client B's Risk Plan for Falls, dated 11/28/12, indicated, in part, "Staff should utilize [client B's] gait belt PRN (as needed), as he tolerates. Staff should assist [client B] with using his walker PRN, as he tolerates. His walker should only be used inside, on even surfaces."</p>	W0249	<p><b>W 249 Program Implementation</b></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><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Client B's fall risk plan will be reviewed with staff during their team meeting on 2-26-13.</li> <li>· The importance of ensuring that all adaptive equipment is taken to workshop on a daily basis will be reviewed with staff at their team meeting on 2-26-13.</li> <li>· Client B is on a program to teach him to utilize his gait belt</li> </ul>	03/02/2013			

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	<p>An interview was conducted with the Residential Coordinator (RC) on 1/30/13 at 10:31 AM. The RC indicated client B had a fall risk plan with a gait belt and walker to use as needed. The RC indicated client B refuses to use the gait belt and walker. The RC indicated there was a program plan to get client B to use the equipment. The RC indicated the gait belt and walker were not sent to the day program due to client B refusing to use the equipment.</p> <p>An interview with the nurse was conducted on 1/30/13 at 2:31 PM. The nurse indicated client B's risk plan should be implemented as written. The nurse indicated client B's walker and gait belt should be sent to the day program for client B to use.</p> <p>This deficiency was cited on 11/20/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		<p>and walker.</p> <ul style="list-style-type: none"> <li>· Client B's walker and gait belt are going to workshop on a daily basis.</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>· The importance of ensuring that all adaptive equipment is taken to workshop on a daily basis will be reviewed with staff at their team meeting on 2-26-13.</li> <li>· The adaptive equipment needs of all of the residents will be reviewed with the staff at their team meeting on 2-26-13.</li> <li>· The risk plans of all of the residents will be reviewed with the staff at their team meeting on 2-26-13.</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>		

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			<ul style="list-style-type: none"> <li>· The importance of ensuring that all adaptive equipment is taken to workshop on a daily basis will be reviewed with staff at their team meeting on 2-26-13.</li> <li>· The adaptive equipment needs of all of the residents will be reviewed with the staff at their team meeting on 2-26-13.</li> <li>· The risk plans of all of the residents will be reviewed with the staff at their team meeting on 2-26-13.</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>· The RC will monitor on a daily basis when they are in the home.</li> <li>· The Program Specialist will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b></p> <p>March 2, 2013</p>	