STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G364	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCCAZIO INC	10311 E JACKSON SELMA, IN 47383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	This visit was for a post certification revisit (PCR) to the PCR completed on 04/19/13, to the extended annual recertification and state licensure survey completed on 03/11/13. Dates of Survey: June 3 and 4, 2013 Facility Number: 000878 Provider Number: 15G364 AIMS Number: 100249230 Surveyor: Vickie Kolb, RN These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/10/13 by Ruth Shackelford, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 1 of 4 sampled clients (#2) and 2 additional clients (#5 and #7), the governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of client to client abuse were reported immediately to the administrator in regard to clients #5 and #7 and to ensure all injuries of unknown origin were investigated in regard to client #2. Findings include: 1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to ensure the staff reported an allegation of abuse in regard to clients #5 and #7 and to ensure client #2's injury of unknown origin was investigated. Please see W149. 2. The governing body failed to exercise general policy and operating direction over the facility failed to ensure the facility implemented its policy and procedures to ensure the staff reported an allegation of abuse in regard to clients #5 and #7. Please see W153.	W000104	**W 104 Governing Body** The governing body must exercise general policy, budget, and operating direction over the facility. **1. What corrective action will be accomplished?** · Staff were retrained on 6-11-13 on reportable incidents, including the time frame for reporting · Employment of staff #2 was terminated for failure to report client to client abuse immediately. · RC and SM were retrained on 6-18-13 regarding appropriate investigation and documentation of unknown injuries, including time frame for completing it. · Staff will reread Occazio Policy 2105 Abuse, Neglect, and Exploitation by June 30, 2013. · Padding will be purchased for all outdoor seating to prevent client #2 from injuring herself in the future.	07/04/2013

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	3. The governing body failed to exercise general policy and operating direction over the facility failed to ensure client #2's injury of unknown origin was investigated. Please see W154. This deficiency was cited on 04/19/13. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-1(a)		· Programming will be put in place to teach client #2 how to sit down on hard surfaces without injuring herself. · Programming will be put in place to teach client #7 how to report abuse, what is abuse, and the complaint process. **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?** · All residents have the potential to be affected by the same deficient practice. · Staff were retrained on 6-11-13 on reportable incidents, including the time frame for reporting. · RC and SM were retrained on 6-18-13 regarding appropriate investigation and documentation of unknown injuries, including time frame for completing it. · Staff will reread Occazio Policy 2105 Abuse, Neglect, and Exploitation by June 30, 2013. · Padding will be purchased for all outdoor seating to prevent all clients from injuring themselves.	

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			· Programming will be implemented by Q as needs are identified. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Staff were retrained on 6-11-13 on reportable incidents, including the time frame for reporting. · RC and SM were retrained on 6-18-13 regarding appropriate investigation and documentation of unknown injuries, including time frame for completing it. · Staff will reread Occazio Policy 2105 Abuse, Neglect, Exploitation by June 30, 2013. · Programming will be implemented by Q as needs are identified. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · The Site Manager will monitor on a daily basis when they are in the home.	

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			· The RC will monitor on a regular basis when they are in the home. · The ARC will monitor as they complete their audits. **5. What is the date by which the systemic changes will be completed?** July 4, 2013	

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W000149	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 (#2) and 2 additional clients (#5 and #7), the facility neglected to implement its policy and procedures to ensure all allegations of client to client abuse were reported immediately to the administrator in regard to clients #5 and #7 and to ensure all injuries of unknown origin were investigated in regard to client #2. Findings include: 1. The facility reportable records dated 4/19/13 through 6/3/13 were reviewed on 6/3/13 at 2 PM. The facility records indicated no allegations of client to client aggression. During interview with client #7 on 6/3/13 at 4:30 PM, client #7 stated while on the facility van that morning, "[Client #5] slapped me on my back and on my right shoulder." Client #7 indicated staff #2 was present at the time of the incident. When asked if he had reported the incident to the staff, client #7 stated, "I told her (staff #2) about it." During interview with staff #2 and client	W000149	**W149 Staff Treatment of Clients** The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client. **1. What corrective action will be accomplished?** · Staff were retrained on 6-11-13 on reportable incidents, including the time frame for reporting. · Employment of staff #2 was terminated for failure to report client to client abuse immediately. · RC and SM were retrained on 6-18-13 regarding appropriate investigation and documentation of unknown injuries, including the time frame for completing it. · Padding will be purchased for all of the outdoor seating to prevent client #2 from injuring herself in the future. · Programming will be put in	07/04/2013

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	#7 on 6/3/13 at 5:15 PM, staff #2 stated, "Oh yeah, he (client #7) told me about it. I checked him out and didn't see any marks on him." Client #7 indicated he was on his hands and knees in the van when client #5 hit him. Staff #2 stated, "Yeah, he was helping me clean the van." Staff #2 indicated she had reported the incident to the HM (House Manager) earlier that morning at the time the allegation of abuse was made. During interview with the HM on 6/3/13 at 5:17 PM, the HM stated staff #2 had "just reported" client #7's allegation of abuse in regard to client #5 "a few minutes ago." The HM stated, "Until then, I didn't know anything about it." While interviewing the HM, staff #2 entered the room. Staff #2 was asked with the HM present if she had reported the allegation of abuse in regard to clients #7 and #5 at the time of the incident. Staff #2 stated, "No, I just told her a few minutes ago." The HM indicated all client to client aggression was to be reported to herself and/or to the QIDP (Qualified Intellectual Developmental Professional) immediately. Interview with the QIDP on 6/3/13 at 5:30 PM indicated she was not aware there had been an incident of client to client aggression that AM. The QIDP indicated		place to teach client #2 how to sit down on hard surfaces without injuring herself. · Staff will reread Occazio Policy 2105 Abuse, Neglect, and Exploitation by June 30, 2013. · Programming will be put in place to teach client #7 how to report abuse, what is abuse, and the complaint process. · Programming will be implemented by Q as needs are identified. **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?** · All residents have the potential to be affected by the same deficient practice. · Staff were retrained on 6-11-13 on reportable incidents, including the time frame for reporting. · Employment of staff #2 was terminated for failure to report client to client abuse immediately. · RC and SM were retrained	

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	all incidents and/or allegations of client to client abuse were to be reported to the administrator immediately. 2. The facility General Events Report of 5/2/13 indicated client #2 had 3 small bruises on her legs; 1 of the bruises was the size of a quarter. The report indicated the HM (house manager) reviewed the report and indicated "Bruising is minor and [client #2] has a history of this when it is nice as she goes outside to sit in the swing. She does not sit down, she flops down hard." The report indicated the RC (Residential Coordinator) reviewed the incident report and indicated "[Client #2] likes to sit down hard on the swing outside. The swing does not have padding to safeguard her from sitting down hard. [Client #2] is not complaining of any pain and the incident was not reported due to it not being reportable size. Staff will continue to monitor the bruises until they are healed and will try to coach [client #2] to sit gently on the swing so she does not bruise herself." During interview with the RC and the PS (Program Specialist) on 6/4/13 at 3 PM, the RC stated the staff did not see client #2 injure herself on the outside furniture, "She just has a history of it." When asked if the incident was investigated, the RC stated, "We looked into it." The RC		on 6-18-13, regarding appropriate investigation and documentation of unknown injuries including the time frame for competing it. · Padding will be purchased for all outdoor seating to prevent all clients from injuring themselves. · Staff will reread Occazio Policy 2105 Abuse, Neglect, and Exploitation by June 30, 2013. · Programming will be implemented by Q as needs are identified. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Staff were retrained on 6-11-13 on reportable incidents, including the time frame for reporting them. · RC and SM were retrained on 6-18-13, regarding appropriate investigation and documentation of unknown injuries, including time frame for completing it. · Padding will be purchased for all outdoor seating to prevent all clients from injuring themselves.	

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	indicated she had no documentation of an investigation, staff/client interviews, records reviewed, conclusion of the investigation and/or outcome of the investigation. Review of the 1/1/11 facility policy of "Suspected Abuse, Neglect and Exploitation Reporting" on 6/4/13 at 3 PM indicated "Employees who witness any form of abuse, neglect or exploitation or have a reason to believe that abuse, neglect or exploitation has occurred..., must report the incident(s) to their immediate supervisor.... Physical abuse- any violent or physical act which may injure a person. Some examples include but are not limited to: striking, dragging, shoving, kicking, punching and deprivation.... Unknown Injury- a visible physical injury with no verification as to its origin. An unknown injury includes any bruise, any laceration, or any puncture wound." The policy indicated all injuries of unknown origin were to be thoroughly investigated and the outcome of the investigation was to be reported to the Director within 5 business days. This deficiency was cited on 04/19/13. The facility failed to implement a systemic plan of correction to prevent recurrence.		· Programming will be implemented by Q as needs are identified. · Staff will reread Occazio Policy 2105 Abuse, Neglect, and Exploitation by June 30, 2013. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · The Site Manager will monitor on a daily basis when they are in the home. · The RC will monitor on a regular basis when they are in the home. · The ARC will monitor as they complete their audits. **5. What is the date by which the systemic changes will be completed?** July 4, 2013	

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	9-3-2(a)			

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W000153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on interview and record review for 1 of 1 incident of client to client abuse for clients #5 and #7, the facility failed to ensure all allegations of abuse were reported immediately to the administrator in accordance with state law. Findings include: The facility reportable records of 4/19/13 through 6/3/13 were reviewed on 6/3/13 at 2 PM. The facility records indicated no allegations of client to client aggression. During interview with client #7 on 6/3/13 at 4:30 PM, client #7 stated while on the facility van that morning, "[Client #5] slapped me on my back and on my right shoulder." Client #7 indicated staff #2 was present at the time of the incident. When asked if he had reported the incident to the staff, client #7 stated, "I told her (staff #2) about it." During interview with staff #2 and client #7 on 6/3/13 at 5:15 PM, staff #2 stated, "Oh yeah, he (client #7) told me about it. I checked him out and didn't see any marks on him." Client #7 indicated he was on his hands and knees in the van when client #5 hit him. Staff #2 stated, "Yeah, he was helping me clean the van." Staff #2 indicated she had	W000153	**W153 Staff Treatment of Clients** **The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as, injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.** **1. What corrective actions will be accomplished?** · Staff were retrained on 6-11-13 on reportable incidents, including the time frame for reporting. · Employment of staff #2 was terminated for failure to report client to client abuse immediately. · Staff will reread Occazio Policy 2105 Abuse, Neglect, and Exploitation by June 30, 2013.	07/04/2013

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	reported the incident to the HM (House Manager) earlier that morning at the time the allegation of abuse was made. During interview with the HM on 6/3/13 at 5:17 PM, the HM stated staff #2 had "just reported" client #7's allegation of abuse in regard to client #5 "a few minutes ago." The HM stated, "Until then, I didn't know anything about it." While interviewing the HM, staff #2 entered the room. Staff #2 was asked with the HM present if she had reported the allegation of abuse in regard to clients #7 and #5 at the time of the incident. Staff #2 stated, "No, I just told her a few minutes ago." The HM indicated all client to client aggression was to be reported to herself and/or to the QIDP (Qualified Intellectual Developmental Professional) immediately. Interview with the QIDP on 6/3/13 at 5:30 PM indicated she was not aware there had been an incident of client to client aggression that AM. The QIDP indicated all incidents and/or allegations of client to client abuse were to reported to the administrator immediately. 9-3-2(a)		· Programming will be put in place to teach client #7 how to report abuse, what is abuse, and the complaint process. · RC and SM were retrained on 6-18-13, regarding appropriate investigation and documentation of unknown injuries, including time frame for completing it. **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?** · Staff were retrained on 6-11-13 on reportable incidents, including the time frame for reporting. · Staff will reread Occazio Policy 2105 Abuse, Neglect, and Exploitation by June 30, 2013. · RC and SM were retrained on 6-18-13, regarding appropriate investigation and documentation of unknown injuries, including time frame for completing it. **3. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur?**	

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			· Staff were retrained on 6-11-13 on reportable incidents, including the time frame for reporting. · Staff will reread Occazio Policy 2105 Abuse, Neglect, and Exploitation by June 30, 2013. · RC and SM were retrained on 6-18-13, regarding appropriate investigation and documentation of unknown injuries, including time frame for completing it. **4. How will the corrective actions be monitored to ensure the deficient practice will not recur?** · The Site Manager will monitor on a daily basis when they are in the home. · The RC will monitor on a regular basis when they are in the home. · The ARC will monitor as they complete their audits. **5. What is the date by which the systemic changes will be completed?**	

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W000154	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 1 of 1 injury of unknown origin for client #2, the facility failed to provide evidence of an investigation. Findings include: The facility records dated 4/19/13 through 6/3/13 were reviewed on 6/3/13 at 2 PM. The General Events Report of 5/2/13 indicated client #2 had 3 small bruises on her legs; 1 of the bruises was the size of a quarter. The report indicated the HM (house manager) reviewed the report and indicated "Bruising is minor and [client #2] has a history of this when it is nice as she goes outside to sit in the swing. She does not sit down, she flops down hard." The report indicated the RC (Residential Coordinator) reviewed the incident report and indicated "[Client #2] likes to sit down hard on the swing outside. The swing does not have padding to safeguard her from sitting down hard. [Client #2] is not complaining of any pain and the incident was not reported due to it not being reportable size. Staff will continue to monitor the bruises until they are healed and will try to coach [client #2] to sit gently on the swing so she does not	W000154	**W154 Staff Treatment of Clients** **The facility must have evidence that all alleged violations are thoroughly investigated.** **1. What corrective actions will be accomplished?** · Padding will be purchased for all outdoor seating to prevent client #2 from injuring herself in the future. · Programming will be put in place to teach client #2 how to sit down on hard surfaces without injuring herself. · RC and SM were retrained on 6-18-13, regarding appropriate investigation and documentation of unknown injuries, including time frame for completing it. **2. How will we identify other residents having the potential to be affected by the same**	07/04/2013

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OCCAZIO INC	10311 E JACKSON SELMA, IN 47383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	bruise herself." During interview with the RC and the PS (Program Specialist) on 6/4/13 at 3 PM, the RC stated the staff did not see client #2 injure herself on the outside furniture, "She just has a history of it." When asked if the incident was investigated, the RC stated, "We looked into it." The RC indicated she had no documentation of an investigation, staff/client interviews, records reviewed, conclusion of the investigation and/or outcome of the investigation. 9-3-2(a)		**deficient practice and what corrective action will be taken?** · Padding will be purchased for all outdoor seating to prevent clients from injuring themselves. · RC and SM were retrained on 6-18-13, regarding appropriate investigation and documentation of unknown injuries, including time frame for completing it. **3. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur?** · Padding will be purchased for all outdoor seating to prevent clients from injuring themselves. · RC and SM were retrained on 6-18-13, regarding appropriate investigation and documentation of unknown injuries, including time frame for completing it. **4. How will the corrective actions be monitored to ensure the deficient practice will not recur?**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G364	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/04/2013

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			· The Site Manager will monitor on a daily basis when they are in the home. · The RC will monitor on a regular basis when they are in the home. · The ARC will monitor as they complete their audits. **5. What is the date by which the systemic changes will be completed.** July 4, 2013	