

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 06/07/2013	
NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 355 SHEFFIELD VALPARAISO, IN 46383			
(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	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 4, 5, 6, and 7, 2013.</p> <p>Facility number: 001026 Provider number: 15G512 AIM number: 100245160</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 13, 2013 by Dotty Walton, QIDP.</p>			W000000			

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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W000247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. Based on observation, record review, and interview, Direct Care Staff #2 failed to allow 1 of 3 sampled clients (client #2) a choice of a snack.</p> <p>Findings include:</p> <p>Client #2 was observed at the group home during the 6/4/13 observation period from 3:37 P.M. until 5:50 P.M. Upon entering the group home from day programming, client #2 entered the kitchen and picked up a banana to eat as a snack. Direct Care Staff #2 took the banana from client #2 and stated, "No, no banana. You'll ruin your appetite for supper." Client #2 again picked up the banana. Direct Care Staff #2 again took the banana from client #2 and stated, "No, no banana."</p> <p>Client #2's record was reviewed on 6/7/13 at 8:54 A.M. A review of the client's 1/7/13 Individual Nutrition Consultation and his 11/29/12 Individual Program Plan failed to indicate the client could not have a banana as a snack.</p> <p>QIDP-D (Qualified Intellectual Disabilities Professional-Designee) #1</p>	W000247	Cite 247 – Staff will be retrained on client rights on 6/25/13. Examples will include not restricting consumer's choice unless it affects their health and safety. The group home manager will monitor on an ongoing basis. Compliance will be monitored through monthly house visits by the QDDP-D and by the Lead manager.	07/07/2013	

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	<p>was interviewed on 6/7/13 at 11:29 A.M. QIDP-D #1 indicated Direct Care Staff #2 should have allowed client #2 to choose a banana as a snack.</p> <p>9-3-4(a)</p>			

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W000249	<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, record review, and interview, direct care staff #2 failed to implement 1 of 3 sampled clients (client #3's) Behavior Support Plan.</p> <p>Findings include:</p> <p>Client #3 was observed at the group home during the 6/4/13 observation period from 3:37 P.M. until 5:50 P.M. At 3:57 P.M. while standing in front of Direct Care Staff #2, client #3 began to bite his hand and slap the side of his face. Direct Care Staff #2 did not redirect the client to what he needed to be doing nor did the Direct Care Staff direct the client to take a break. Client #3 again bit his hand and slapped himself in front of Direct Care Staff #2 at 4:03 P.M. and at 4:11 P.M. Direct Care Staff #2 did not redirect the client to what he needed to be doing nor did the Direct Care Staff direct the client to take a break.</p> <p>Client #3's record was reviewed on 6/7/13 at 8:05 A.M. A review of the client's 7/10/12 Behavior Support Plan defined</p>	W000249	Cite 249 – Staff will be retrained on 6/25/13 on Client # 3's behavior support plan and the importance of following the HRC approved BSP. The group home manager will monitor on an ongoing basis. Compliance will be ensured through monthly visits by the QDDP-D and Lead manager.	07/07/2013	

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	<p>client #3's self abusive behaviors as "biting his hands, arms, shoulders, hitting his face, or pulling his hair, or any act intended to harm himself." Client #3's 2/10/12 Behavior Support Plan further indicated, "When [client #3] is self-abusing, staff will redirect him to what he needs to be doing. If [client #3] continues to self abuse and is not causing tissue damage, staff should ask [client #3] to take a break by saying, 'You can excuse yourself and take a break.'"</p> <p>QIDP-D (Qualified Intellectual Disabilities Professional-Designee) #1 was interviewed on 6/7/13 at 11:29 A.M. QIDP-D #1 indicated Direct Care Staff #2 should have redirected client #3 when he began to display self-injurious behaviors of biting his hand and slapping his face.</p> <p>9-3-4(a)</p>			