STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G239		05/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM OCCAZIO LLC	1015 S 14TH ST NEW CASTLE, IN 47362

(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
W 0000 Bldg. 00	This visit was for a fundamental annual recertification and state licensure survey. Dates of Survey: May 26, 27, 28 and 29, 2015. Facility number: 000762 Provider number: 15G239 AIM number: 100234890 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the governing body failed to exercise operating direction over the group home where 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 of 3 additional clients (clients #5, #6 and #7) lived, by failing to insure maintenance issues were completed in a timely manner. Findings include:	W 0104	**W104 Governing Body and Management** The governing body must exercise general policy, budget and operating direction over the facility. **1. What corrective action will be accomplished?** · Program Director (QIDP) will direct maintenance to paint the ceilings and walls in the home. · Program Coordinator will monitor and report completion of work to	06/28/2015

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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	Observations were conducted on 5/26/15 from 4:53 P.M. through 6:49 P.M. at the group home where 4 of 4 sampled clients (clients #1, #2, #3 ad #4) and 3 of 3 additional clients (clients #5, #6 and #7) lived. The white ceiling in the living room had a large area 5 feet by 5 feet spattered with a brown substance. The living room walls had several areas of the drywall which had been patched but were not painted. There was one hole (baseball sized) in the wall east of the entryway which had not been repaired. In client #1's and client #3's bedroom the ceiling was spattered with a brown substance. The walls around client #1's side of the room were in need of painting. An interview was conducted with the Home Manager (HM) on 5/29/15 at 5:01 P.M. When asked about the ceilings, the HM stated, "We had leaks in the roof about two years ago. They repaired the roof, but then the spots showed up on the ceiling." When asked about the walls needing to be repaired and painted, the HM stated, "The holes can happen pretty quickly. They try to keep them repaired, but it has been a little while." An interview was conducted with Area Director (AD) #2 on 5/28/15 at 2:25 P.M. The AD stated, "They should keep the		Program Director. · Home will be inspected during Quarterly Health and Safety assessments. All identified deficiencies and needed repairs will be reported to Program Director and addressed by maintenance immediately. 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. · Program Director (QIDP) will direct maintenance to paint the ceilings and walls in the home. · Program Coordinator will monitor and report completion of work to Program Director. · Home will be inspected during Quarterly Health and Safety assessments. All identified deficiencies and needed repairs will be reported to Program Director and addressed by maintenance immediately 3. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Program Director (QIDP) will direct maintenance to paint the ceilings and walls in the home. · Program Coordinator will monitor and report completion of work to Program Director. · Home will be inspected during Quarterly Health and Safety assessments. All identified deficiencies and needed repairs will be reported to	

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	home well maintained, by painting and doing repairs." 9-3-1(a)		Program Director and addressed by maintenance immediately 4. **How will the corrective action be monitored to ensure the deficient practice will not recur?** · Program Director (QIDP) will direct maintenance to paint the ceilings and walls in the home. · Program Coordinator will monitor and report completion of work to Program Director. · Home will be inspected during Quarterly Health and Safety assessments. All identified deficiencies and needed repairs will be reported to Program Director and addressed by maintenance immediately 5. **What is the date by which the systemic changes will be completed?** 6/28/15	
W 0209 Bldg. 00	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview, the facility failed to aggressively pursue the participation of 2 of 4 sampled clients (clients #1 and #3), their guardian or health care representative in the Individual Support Plan process. Findings include: Client #1's record was reviewed on 5/29/15 at 8:05 A.M. Client #1's record	W 0209	**W209 Individual Program Plan** Participation by the client, his and her parent (if the client is the minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. **1. What corrective action will be accomplished?** · Clients and/or POA will participate in annual ISP meetings and quarterly reviews, to ensure they are involved in the process. · Signature sheets will be used at these meetings and all	06/28/2015

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	indicated he had a Health Care Representative (HCR) to assist him with decisions. Client #1's record indicated he had an Individual Support Plan (ISP) dated 10/30/14. There was no documentation available for review to indicate client #1 and/or his HCR were involved in the formation of his ISP. Client #3's record was reviewed on 5/29/15 at 9:55 A.M. Client #3's record indicated he had a guardian to assist him with decisions. Client #3's record indicated he had an ISP dated 3/10/15. There was no documentation available for review to indicate client #3 and/or his guardian were involved in the formation of his ISP. An interview was conducted with the Area Director (AD) #2 on 5/29/15 at 3:08 P.M. AD #2 stated, "The client and their guardians should always be involved in the ISP and sign the ISP." 9-3-4(a)		attendees, including client and/or POA. · Staff will be retrained to ensure use of signature sheets/ · Program Directors will inform POAs of meeting dates and obtain client/ POA signatures at yearly ISP and quarterly review meetings. **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. · Clients and/or POA will participate in annual ISP meetings and quarterly reviews, to ensure they are involved in the process. · Signature sheets will be used at these meetings and all attendees, including client and/or POA. · Staff will be retrained to ensure use of signature sheets. · Program Directors will inform POAs of meeting dates and obtain client/ POA signatures at yearly ISP and quarterly review meetings. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Clients and/or POA will participate in annual ISP meetings and quarterly reviews, to ensure they are involved in the process. · Signature sheets will be used at these meetings and all attendees, including client and/or POA. · Staff will be retrained to ensure use of signature sheets. ·	

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			Program Directors will inform POAs of meeting dates and obtain client/ POA signatures at yearly ISP and quarterly review meetings. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Program Directors will inform POAs of meeting dates and obtain client/ POA signatures at yearly ISP and quarterly review meetings. **5. What is the date by which the systemic changes will be completed?** 6/28/15	
W 0262 Bldg. 00	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview, the facility failed to obtain approval from their Human Rights Committee before implementing a Behavior Support Plan which included restrictive interventions for 1 of 2 sampled clients (client #1) who had a Behavior Support Plan. Findings include: Client #1's record was reviewed on 5/29/15 at 8:05 A.M. Client #1's record indicated he had a Health Care Representative (HCR) to assist him with	W 0262	**W 262 Program Monitoring and Change** The committee should review, approve and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to the client protection and rights. **1. What corrective action will be accomplished?** · All behavior support plans and/or changes to the BSP will be reviewed by the HRC. · HRC signatures will be obtained, on a signature page, in order to document completion of this process. · Staff will be retrained to ensure use of signature	06/28/2015

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	decisions. Client #1's record indicated he had an Individual Support Plan (ISP) dated 10/30/14 and a Behavior Support Plan (BSP) dated 3/16/15. Client #1's BSP included the restrictive interventions of the use of psychotropic medications to assist with the control of his maladaptive behaviors including the use of PRN (as needed) behavior medications and physical restraint as last resort interventions. There was no documentation available for review to indicate client #1's BSP had been reviewed and approved by the Human Rights Committee (HRC) prior to implementation and was being monitored by the HRC. An interview was conducted with Area Director (AD) #2 on 5/29/15 at 2:49 P.M. AD #2 indicated she was unable to locate HRC documentation regarding client #1's BSP. 9-3-4(a)		sheets. · Program Directors (QIDP) will monitor utilization of signature sheets. **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 behavior support plans and/or changes to the BSP will be reviewed by the HRC. · HRC signatures will be obtained, on a signature page, in order to document completion of this process. · Staff will be retrained to ensure use of signature sheets. · Program Directors (QIDP) will monitor utilization of signature sheets. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · All behavior support plans and/or changes to the BSP will be reviewed by the HRC. · HRC signatures will be obtained, on a signature page, in order to document completion of this process. · Staff will be retrained to ensure use of signature sheets. · Program Directors (QIDP) will monitor utilization of signature sheets. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Program Directors (QIDP) will monitor utilization of signature sheets. **5. What is the date by which the systemic**	

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			changes will be completed? 6/28/15	
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility nursing staff failed to ensure recommendations made by the Registered Dietician (RD) were followed for 1 of 4 sampled clients (client #1). Findings include: Client #1's record was reviewed on 5/29/15 at 8:05 A.M. Client #1's record indicated on 2/12/15 client #1 was diagnosed with Malignant Neuroleptic Syndrome. Client #1 had symptoms of vomiting, diarrhea, loss of appetite and weight loss (not all inclusive). Client #1 had a nutrition assessment completed on 4/23/15 which indicated he had decreased in weight from 173 pounds in 2/2015 to 135 pounds in 4/2015. The RD made the following recommendations: "1. Obtain current order for Regular diet. No current order per Therap (electronic records). 2. Obtain MD order for 8 ounces of CIB (instant breakfast drink) with soy milk three times a day for severe wt. (weight) loss. 3. Obtain MD order for albumin levels due to severe wt. loss and decreased appetite to assess visceral	W 0331	**W 331 NURSING SERVICES** The facility must provide nursing services in accordance with their need. 1. **What corrective action will be accomplished?** · Nursing services will be provided to all clients based on their need. · Nursing staff will be trained on completing and documenting assessments, providing appropriate level of services, following through with implementing dietician's orders and reporting concerns to dietician per protocol, including weight loss/gain. · Program Coordinator will monitor dietary recommendations are executed appropriately in the home and report any concerns to the Nurse and Program Director. · Program Director (QIDP) will monitor that nursing and registered dietician services are being provided and implemented. 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. · Nursing services will be provided to all clients based on their need. ·	06/28/2015

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	protein stores. 4. Nurse to notify RD if weight decreases 5-10 pounds in a month-NO EXCEPTIONS. 5. Continue with daily weights." Client #1's record indicated he had his albumin level checked on 2/18/15 and it was 3.4 (low) with the normal range being 3.5-5.0 and a CK (Creatine Kinase) level of 40 (low) with a normal range of 55-170. Client #1's record did not indicate any more recent lab work had been completed. Client #1's weight record indicated he dropped 11 pounds between 4/23/15 to 5/22/15. There was no indication the nurse had contacted the RD regarding client #1's continued weight loss which had decreased 5 pounds by 4/30/15. Client #1 was seen by his PCP on 4/30/15 with the following recommendations: "psychiatrist has been in close contact, keep seeing her, recently taken off Lithium (anti-psychotic) and other meds, let's reassess in 2 weeks." PCP appointment 5/14/15 with the following recommendations from his PCP: "please make dental appt. (appointment)...doxycycline (antibiotic), try shakes." An interview was conducted with the Area Director (AD) #2 on 5/29/15 at 3:19 P.M. The AD indicated she had been unable to locate any documentation indicating the nurse had contacted the RD		Nursing staff will be trained on completing and documenting assessments, providing appropriate level of services, following through with implementing dietician's orders and reporting concerns to dietician per protocol, including weight loss/gain. · Program Coordinator will monitor dietary recommendations are executed appropriately in the home and report any concerns to the Nurse and Program Director. · Program Director (QIDP) will monitor that nursing and registered dietician services are being provided and implemented. 3. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Nursing services will be provided to all clients based on their need. · Nursing staff will be trained on completing and documenting assessments, providing appropriate level of services, following through with implementing dietician's orders and reporting concerns to dietician per protocol, including weight loss/gain. · Program Coordinator will monitor dietary recommendations are executed appropriately in the home and report any concerns to the Nurse and Program Director. · Program Director (QIDP) will monitor that nursing and registered dietician services are	

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	regarding client #1's weight loss in the past month, and had not been able to locate any more recent lab work for albumin level or indication the PCP had been made aware of the RD's recommendation for another albumin level check. 9-3-6(a)		being provided and implemented. 4. **How will the corrective action be monitored to ensure the deficient practice will not recur?** · Nursing services will be provided to all clients based on their need. · Nursing staff will be trained on completing and documenting assessments, providing appropriate level of services, following through with implementing dietician's orders and reporting concerns to dietician per protocol, including weight loss/gain. · Program Coordinator will monitor dietary recommendations are executed appropriately in the home and report any concerns to the Nurse and Program Director. · Program Director (QIDP) will monitor that nursing and registered dietician services are being provided and implemented. 5. **What is the date by which the systemic changes will be completed?** 6/28/15	