STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G316	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM OCCAZIO LLC	373 S BALDWIN ST BARGERSVILLE, IN 46106

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W 0000 Bldg. 00	This visit was for a fundamental annual recertification and state licensure survey. Dates of Survey: 10/5/15, 10/6/15, 10/7/15, 10/8/15 and 10/13/15. Facility Number: 000834 Provider Number: 15G316 AIMS Number: 100243980 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review of this report completed by #09182 on 10/15/2015.	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 record review and interview for 1 of 4 sampled clients (#2), the governing body failed to exercise policy, budget and operating direction over the facility by allowing client #2's mother/guardian to pay for client #2's recommended quarterly dental cleanings. Findings include:	W 0104	**1.What corrective action will be accomplished?** · Client 2's dentist was contacted in regard to quarterly dental cleanings, and dentist confirmed that the cost of the quarterly cleanings was not paid for by Client 2's dentist. · Documentation of payment obtained from dentist. **1.How will we identify other**	11/12/2015

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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	Client #2's record was reviewed on 10/6/15 at 10:40 AM. Client #2's Dental Visit notes indicated the following: -6/30/14, "Please continue with 4 month prophy (dental cleaning)." -10/30/14, "Continue to help [client #2] brush and continue 4 month recall appointments." -2/5/15, "Continue 4 month cleanings and check ups." -9/9/15, "No cavities. [Client #2] needs help brushing two times a day. Recommend patient be seen 3 to 4 times a year." Client #2's ISP (Individual Support Plan) dated 1/15/15 indicated, "Mother agrees to pay every other (dental) visit due to Medicaid only covers 1 visit every 6 months." PM (Program Manager) #1 was interviewed on 10/6/15 at 9:39 AM. PM #1 indicated client #2's mother pays for every other four month dental cleaning/check up. Client #2's mother/guardian was unavailable for interview during the		**residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · Program Director (QIDP) will review all client appointments to ensure that recommended appointments not covered by client insurance are absorbed from Client per diem. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Program Coordinator will forward any medical expenses not covered by client insurance to Program Director (QIDP) for payment. **1.How will the corrective action be monitored to ensure the deficient practice will not recur?** · IDT will discuss any extra costs associated with medical expenses as they occur to ensure that payment is made and that clients receive the recommended treatments necessary. **1.What is the date by which the systemic changes will be completed?** November 12, 2015	

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	review period. 9-3-1(a)			
W 0125 Bldg. 00	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. Based on record review and interview for 2 of 4 sampled clients (#1 and #3), the facility failed to ensure clients #1 and #3 exercised their rights to be gainfully employed. Findings include: AD (Area Director) #1 was interviewed on 10/6/15 at 9:40 AM. AD #1 indicated the agency had started their own day services a year and a half ago when the agency's ownership was transitioned to a new company. AD #1 indicated when the agency opened its own day services the previous sheltered workshop in the local area closed. AD #1 indicated clients #1 and #3, who had previously attended the sheltered workshop, now attended the agency day services. AD #1 indicated the	W 0125	**1.What corrective action will be accomplished?** · Area Director to meet with Shares on 10/3/15 to discuss sheltered work opportunity for Clients 1 and 3. · IDT to meet with Clients 1 and 3 to discuss work options available as well as client goals in regard to work. **1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · IDT will meet with all clients to assess and discuss work options available as well as client goals in regard to work. **1.What measures will be put into place or what systemic changes**	11/12/2015

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	agency owned/operated day services offered non-paid work services and programming. AD #1 indicated the agency had attempted to coordinate paid employment opportunities with vocational rehabilitation services, however, had not been successful in obtaining work opportunities for clients #1 or #3. AD #1 indicated clients #1 and #3 should be offered paid work opportunities in consideration of their vocational assessments and personal preferences. 1. Client #1's record was reviewed on 10/6/15 at 9:15 AM. Client #1's Functional Vocational Assessment (FVA) form dated 7/28/15 indicated client #1 scored 4 out of 5 on a scale of independence in the categories of initiative, attention to task and completion, adaptation to change in routine, need for reinforcement, and social skills relating to interaction and behavior. Client #1's FVA dated 7/28/15 indicated client #1 scored 4 out of 5 on a scale of independence in the categories of work related skills regarding lifting strength, endurance, physical mobility, handling criticism and time awareness. Client #1's FVA dated 7/28/15 indicated client #1 required supports regarding appropriate communication, functional reading and functional math.		**will be made to ensure that the deficient practice does not recur:** · IDT will discuss goals and work options available at annual meeting for all clients. · Program Coordinator will perform a random monthly observation in the day program setting to ensure clients are engaged in meaningful activities and to evaluate if clients are interested in exploring other options in terms of day-time activity. · Bi-annually, all clients at the day program will be interviewed in regard to services provided at day program and satisfaction with the program. **1.How will the corrective action be monitored to ensure the deficient practice will not recur?** · Program Director (QIDP) and Area Director will review all observations monthly to ensure every client has the opportunity to explore available options in terms of employment, day programming and volunteer opportunities. · Program Director (QIDP) and Area Director will review all interviews regarding client satisfaction with programs they are enrolled in to ensure that needs are met and goals are explored. · Quality Improvement Coordinator will also review all interviews regarding client satisfaction with programs they are	

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	2. Client #3's record was reviewed on 10/6/15 at 10:21 AM. Client #3's FVA dated 7/28/15 indicated client #3 scored 5 out of 5 on a scale of independence in the categories of adapting to change, reinforcement needs, social interaction and responding/handling criticism. Client #3's FVA dated 7/28/15 indicated client #3 scored 4 out of 5 on a scale of independence in the categories of work initiative, attention to task and completion, behavior in the work setting, acting and speaking appropriately and functional reading. Client #3's Day Services Safeguard form dated 9/22/15 indicated, "[Client #3] will be referred to vocational rehabilitation for 2015 due to his continued desire to find outside employment." Client #3's ISP (Individual Support Plan) dated 9/22/15 indicated client #3 had a legal guardian. Client #3 was interviewed on 10/7/15 at 12:15 PM. Client #3 indicated he was not able to earn money at the agency day service program. Client #3 indicated he would like the opportunity to find paid employment. Client #3 indicated he would like to mow yards, help the elderly at a nursing home or work at a theatre passing out tickets. Client #3's guardian was interviewed on		enrolled in. **1.What is the date by which the systemic changes will be completed?** November 12, 2015	

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	10/8/15 at 11:00 AM. Client #3's guardian stated, "[Client #3] used to work and was able to earn money. It wasn't a lot, maybe a hundred or hundred and fifty a month but he was proud. When he lived at home he cut grass for people and saved his money to buy his own lawn mower. He likes to save for things and takes pride in working and having a paycheck. It seems like he's just not thriving at the day services." Client #2's mother/guardian was unavailable for interview during the review period. 9-3-2(a)			
W 0323 Bldg. 00	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 2 of 4 sampled clients (#1 and #3), the facility failed to ensure clients #1 and #3 received recommended vision examinations. Findings include:	W 0323	**1.What corrective action will be accomplished?** · Client 1 appointment scheduled for 11/4/2015. · Client 3 appointment scheduled for 11/5/2015. **1.How will we identify other residents having the potential to be**	11/12/2015

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	1. Client #1's record was reviewed on 10/6/15 at 9:15 AM. Client #1's Vision examination form dated 7/8/14 indicated, "Made distance prescription in glasses stronger. Return if changes in vision. Ocular health within normal limits. Very mild cataracts... return for treatment one year." Client #1's record did not indicate documentation of vision examination/cataract monitoring since 7/8/14. 2. Client #3's record was reviewed on 10/6/15 at 10:21 AM. Client #3's Vision examination form dated 7/25/14 indicated, "Diabetic retinopathy (eye disease). Monitor. Return one year for follow up." Client #3's record did not indicate documentation of vision examination since 7/25/14. PM (Program Manager) #1 was interviewed on 10/6/15 at 9:39 AM. PM #1 indicated there was not additional documentation of vision examinations for clients #1 or #3. 9-3-6(a)		**affected by the same deficient practice and what corrective action will be taken?** · All client medical files and appointments will be reviewed to ensure that clients have received eye exams as recommended by eye specialist. **1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Program Coordinator provided with appointment tracking log to ensure that appointments are scheduled in accordance with regulations and recommendations from physicians. · Program Coordinator will scan all appointments to RN and Program Director (QIDP) upon completion of appointment for review. · Program Coordinator will enter follow-up appointment information into appointment module in Therap for review. **1.How will the corrective action be monitored to ensure the deficient practice will not recur?** · RN will perform quarterly audits of appointments to ensure that appointments are done in a timely manner and in accordance with regulations and recommendations from physicians.	

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			· Program Director (QIDP) and RN will review all appointment notes to ensure follow-up and physician recommendations are followed. **1.What is the date by which the systemic changes will be completed?** November 12, 2015	