

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G640	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/20/2024
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3102 AIRPORT RD PORTAGE, IN 46368
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W 0000 Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Survey Dates: March 14, 15, 18, 19, and 20, 2024.</p> <p>Facility Number: 001220 Provider Number: 15G640 AIMS Number: 100245730</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 4/4/24.</p>	W 0000		
W 0288 Bldg. 00	<p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>Based on observation, record review, and interview for 1 of 3 sample clients (#3), the facility failed to develop an effective active treatment program to address client #3's pica (eating inedible items) and elopement.</p> <p>Findings include:</p> <p>1. Observations were conducted in the group home on 3/14/24 from 4:00 pm to 5:30 pm and on 3/15/24 from 6:15 am to 7:30 am. Client #3 was present in the home throughout the observation periods.</p> <p>Throughout the observation periods, all liquid cleaners, chemicals, soaps, and hygiene products</p>	W 0288	<p>QIDP-M contacted client's Behavior Specialist on 3-26-24 and requested that door egress, chair alarms, and all door alarms are added to client's behavior plan. It was also requested that the behavior support plan has the use of locks for all chemicals and non-edible items due to client's ingestion of these items. Behavior Specialist is in process of updating the behavior support plan. When the updated plan is received, QIDP-M will ensure that behavior support plan is submitted</p>	03/26/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melinda Mote

Quality Assurance Director

04/12/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>were stored in locked cabinets and boxes.</p> <p>Direct Support Professional (DSP) #1 was interviewed on 3/14/24 at 4:10 pm and stated, "The cleaning supplies and soaps are locked for [client #3]. He will eat them."</p> <p>Client #3's record was reviewed on 3/18/24 at 11:51 am.</p> <p>Client #3's Behavior Support Plan (BSP) dated 12/6/23 indicated client #3's pica behavior but did not indicate any items in the home should be locked.</p> <p>2. Throughout the observation periods, there were alarms on the doors, on client #3's seat in the living room, and in client #3's bedroom. When client #3 got up from his chair in the living room and left his bedroom, chimes in the dining room linked to the alarms sounded.</p> <p>House Manager (HM) #1 was interviewed on 3/14/24 at 4:57 pm and stated, the alarms are for [client #3]."</p> <p>Client #3's record was reviewed on 3/18/24 at 11:51 am.</p> <p>Client #3's BSP dated 12/6/23 indicated client #3 had a history of eloping from the home and ingesting toxic substances. Client #3's BSP did not indicate the use of alarms.</p> <p>Senior Director #1 was interviewed on 3/18/24 at 12:58 pm and stated, "The alarms and locked cleaning supplies should be in the BSP. They have HRC approval. They are restrictions for [client #3] and need to be in the plan."</p> <p>9-3-5(a)</p>		<p>to the Human Rights Committee for review and approval as an emergency addendum to be put into place quickly.</p> <p>Annually, or as needed, QIDP-M /or designee will ensure that clients behavior support plan addresses all the restrictions in place for client's safety.</p>	

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W 0290 Bldg. 00	<p>483.450(b)(5) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Standing or as needed programs to control inappropriate behavior are not permitted. Based on record review and interview for 1 of 3 sample clients (#3), the facility failed to ensure client #3's Behavior Support Plan (BSP) indicated when and how to administer his PRN (as needed) medication.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 3/18/24 at 11:51 am.</p> <p>Client #3's BSP dated 12/6/23 indicated the following: "Lorazepam prescribed for anxiety and agitation, 2 mg (milligrams) PRN (as needed)." Client #3's BSP did not indicate when and how the medication should be given.</p> <p>Senior Director #1 was interviewed on 3/18/24 at 12:58 pm and stated, "The Lorazepam is for excessive anxiety and agitation. I don't think we've given it to him. The staff would need to call someone for approval before giving it. There should be a written protocol for staff to know when and how to give it."</p> <p>9-3-5(a)</p>	W 0290	<p>Group Home case nurse contacted client's Psychiatrist and requested that client's PRN lorazepam is discontinued due to not utilizing since client was prescribed the medication. PRN lorazepam was discontinued on 3-26-24.</p> <p>Annually, QIDP-M/or designee will ensure when a PRN medication for maladaptive behavior is prescribed that it is addressed in client's behavior support plan and how staff are supposed to administer the medication.</p>	03/26/2024
W 0312 Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 1 of 3</p>	W 0312	QIDP-M contacted client's	03/26/2024

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	<p>sample clients (#3), the facility failed to develop a plan of reduction for medications used to manage client #3's maladaptive behaviors.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 3/18/24 at 11:51 am.</p> <p>Client #3's Behavior Support Plan (BSP) dated 12/6/23 indicated the following medications: "Clonazepam prescribed for autism/pica (eating inedible items), 0.5 mg (milligrams) 4 times daily. Fluvoxamine prescribed for pica/autism, 100 mg twice daily. Olanzapine prescribed for autism/pica, 10 mg once daily and 20 mg once daily. Ziprasidone prescribed for autism/pica, 60 mg twice daily. Depakote prescribed for autism/pica, 500 mg once in the morning. Risperidone prescribed for autism, 2 mg three times a day. Guanfacine prescribed for autism, 4 mg at night. Naltrexone prescribed for pica, 75 mg twice daily. Lorazepam prescribed for anxiety and agitation, 2 mg PRN (as needed).</p> <p>Medication Reduction Plan: Clonazepam, Fluvoxamine, Olanzapine, and Ziprasidone as prescribed by [client #3's] psychiatrist/physician for symptoms of Autism and Pica. Because these are prescribed for mental health, rather than behaviors, a medication reduction plan is not required."</p> <p>Senior Director #1 was interviewed on 3/18/24 at 12:58 pm and stated, "We just got [client #3] stable on his medication. We could look into a plan to reduce the medication if he meets his goals."</p>		<p>Behavior Specialist on 3-26-24 and requested that medications prescribed are properly identified of the use for each medication. QIDP-M also requested that a medication reduction plan is added into client's behavior support plan. Client's PRN lorazepam was discontinued on 3-26-24.</p> <p>Annually, QIDP-M/or designee will ensure that all medications are identified properly and there is a medication reduction plan in place in client's behavior support plan.</p>	

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W 0369 Bldg. 00	<p>9-3-5(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview for 1 of 3 sample clients (#3), the facility failed to ensure client #3's medications were administered without error and according to his physician's orders.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 3/15/24 from 6:15 am to 7:30 am. Client #3 was present in the group home throughout the observation period.</p> <p>1. On 3/15/24 at 6:23 am, Qualified Intellectual Disabilities Professional (QIDP) #1 prepared and administered client #3's medications. The surveyor asked to see client #3's MAR (medication administration record), but Direct Support Professional (DSP) #2 entered the medication room and indicated client #1 was having a medical emergency and required assistance. At 6:45 am, client #3 ate his breakfast in the dining room. QIDP #1 administered client #3's Olanzapine at 7:20 am after being notified of the missed medication by the surveyor.</p> <p>Client #3's MAR for 3/15/24 was reviewed on 3/15/24 at 7:18 am and indicated the following medication: "Olanzapine (commonly used to treat anxiety) 5 mg (milligrams)."</p>	W 0369	<p>On 3-21-24 staff were retrained by the agency nurse trainer on medication administration procedures and the importance of obtaining a blood pressure before the administration of a blood pressure medication.</p> <p>Annually, staff are mandated to go through a medication administration training. Annually, Senior Director of Group Homes/or designee will ensure that all trainings are scheduled and attended as required.</p>	03/21/2024
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W 0448 Bldg. 00	<p>QIDP #1 was interviewed on 3/15/24 at 7:18 am and stated, "That one was not passed. It's in a different box from the others, and I didn't see it. This is my first time passing meds (medications) here."</p> <p>2. On 3/15/24 at 6:23 am, QIDP prepared and administered client #3's Amlodipine (treats high blood pressure) 2.5 mg. QIDP #1 did not check client #3's vitals before administering the medication.</p> <p>Client #3's MAR for 3/15/24 was reviewed on 3/15/24 at 7:18 am and indicated it had not been passed. Client #3's MAR indicated the following: "Take vitals before administration. If vitals are out of range per [digital record keeping system] call nursing for instruction."</p> <p>QIDP #1 was interviewed on 3/15/24 at 7:18 am and stated, "It won't let me click "Pass" because I'm supposed to check his vitals. That one is for high blood pressure. I'm supposed to enter his blood pressure before I pass the medication. I did not check his blood pressure."</p> <p>Registered Nurse (RN) #1 was interviewed by phone on 3/18/24 at 1:03 pm and stated, "[Client #3] should have his blood pressure checked before he takes the Amlodipine." RN #1 stated, "If the Olanzapine was not passed, and the surveyor had to point it out, it would have been a medication error."</p> <p>9-3-6(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with</p>			

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	<p>evacuation drills, including accidents. Based on record review and interview for 1 additional client (#4), the facility failed to investigate client #4's refusal to participate in evacuation drills.</p> <p>Findings include:</p> <p>The facility evacuation drills were reviewed on 3/18/24 at 10:08 am and indicated client #4 refused the following drills: 4/23/23 at 8:00 pm. 7/29/23 at 1:00 am. 1/24/24 at 8:30 pm. 1/13/24 at 4:00 am. 2/3/24 at 12:00 pm.</p> <p>The review did not include any investigations to determine the cause of client #4's refusal to participate in evacuation drills.</p> <p>Client #4's record was reviewed on 3/18/24 at 12:45 pm. Client #4's Individual Support Plan dated 4/20/23 did not include a program or plan to address his refusal to participate in evacuation drills.</p> <p>Senior Director #1 was interviewed on 3/18/24 at 12:58 pm and stated, "I knew [client #4] was refusing in the evening. He's 71 years old. In the evening, he's ready to go to bed. I didn't know about the one in the afternoon. It looks like it is more recent. We need to get a plan in place for [client #4]. We can put a goal in place for him, so staff are on the same page to prompt him for the fire drills."</p> <p>9-3-7(a)</p>	W 0448	<p>On 3-21-24 QIDP-M created and implemented a goal for client's refusals for emergency evacuation drills.</p> <p>Monthly, Interdisciplinary team will discuss client's goals and progress. IDT will determine if goal is effective and make any necessary changes as needed or required.</p>	03/21/2024