

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 11/02/2022
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP COD 3102 AIRPORT RD PORTAGE, IN 46368
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W 0000 Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey. This visit included the investigation of complaint #IN00385515.</p> <p>Complaint #IN00385515: Substantiated: No deficiencies related to the allegation are cited.</p> <p>Dates of Survey: October 27, 28, November 1, and 2, 2022.</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 11/21/22.</p>	W 0000		
W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 5 of 10 allegations of abuse, neglect, mistreatment, and exploitation reviewed, the facility failed to conduct thorough investigations for 5 incidents of client C ingesting cleaning or hygiene products.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 10/31/22 at 10:35</p>	W 0154	This deficiency had the potential to continue to affect client C. On 11/2/22, an investigation form specifically for PICA behaviors was developed. The interim QIDP has been trained on the form and investigative process. Once the new QIDP is hired, he/she will also be trained. Completed investigations are reviewed by and signed off on by the Residential	11/02/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Valerie Thill	Chief Program Officer	12/08/2022

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>am and indicated the following:</p> <p>1. A BDDS report dated 8/24/22 indicated the following: "[Client C] was walking to the bathroom (at the facility owned and operated day program) and looked down the hall to find the maintenance cart in the hallway. [Client C] ran over to the cart and sprayed window cleaner into his mouth. [Client C] was redirected by staff and complied with putting the cleaner back on the cart." - The review did not include an investigation.</p> <p>2. A BDDS report dated 8/27/22 indicated the following: "[Client C] was sitting on the couch then stood up and ran across the living room into to (sic) kitchen. He grabbed a bottle of hand sanitizer that was in the cabinet and drank about 2 tablespoons of it. Staff redirected [client C], and he gave them the bottle which then was safely disposed of. Poison control was contacted and instructed staff to hold all meds (medications) and to monitor [client C] for one hour for any nausea, vomiting, and/or displaying symptoms of being intoxicated. After one hour, staff reported that [client C] was within base line and was okayed to receive his medications." - The review did not include an investigation.</p> <p>3. A BDDS report dated 9/4/22 indicated the following: "[On 9/3/22] staff was assisting another client with drinking his ClearLax pow (laxative) 34 gm (grams). Staff set down the cup to check the oven when [client C] ran over and grabbed the cup and took a drink. Staff redirected [client C], and he threw the cup. Staff reported that [client C] got one small drink of the medicated juice." - The review did not include an investigation.</p>		Senior Director or Chief Program Officer. This process will continue indefinitely.	

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	<p>4. A BDDS report dated 9/5/22 indicated the following: "[On 9/4/22] [client C] was using the restroom when staff heard him opening the locked container that contains hand soap. When staff got to the bathroom, [client C] was drinking the hand soap. Staff redirected [client C], and he gave them the hand soap. Staff called nursing then poison control. Poison control instructed staff to monitor [client C] for diarrhea and nausea. [Client C] did not have any negative (sic) from ingesting the soap." - The review did not include an investigation.</p> <p>5. A BDDS report dated 9/19/22 indicated the following: "Staff put the hand sanitizer in the drawer while he was at day services. [Client C] cannot access this drawer when it is closed. The drawer was left open by mistake. [Client C] drank one swallow of hand sanitizer. He did not have any signs or symptoms from drinking the hand sanitizer. QIDP (Qualified Intellectual Disabilities Professional) spoke with the day service director and senior day service director. Staff will ensure that the drawer is closed all the way in the future." - The review did not include an investigation.</p> <p>Senior Residential Director (SRD) #1 was interviewed on 11/1/22 at 10:20 am and stated, "We take two staff when he goes out in the community. The behavior clinician (BC) is going to the home more frequently, and we've changed his medication. Day services has purchased a locked janitorial cart." SRD #1 stated, "We have HRC (Human Rights Committee) approval to keep things locked and put away. He knows where the products are. Staff think they can hide it, and he won't know, but he does know. We have done</p>			

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W 0249 Bldg. 00	<p>retraining, discussions, emails to ensure all items are locked up that he will eat. He'll eat shampoo, conditioner, hand sanitizer, soap, wipes." SRD #1 stated, "Those incidents were not investigated. I didn't have an internal investigation report. I talked to the staff. Staff said it wasn't them, and I couldn't prove which staff it was." SRD #1 stated, "We did meet. The BC and the team came. We've tried a weighted vest and headphones. The BC is coming in to day services more often. She's updated his plan. The day services staff was retrained."</p> <p>9-3-2(a)</p> <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 for 1 of 3 sample clients (C), the facility failed to ensure C's Behavior Support Plan (BSP) was implemented at all opportunities to prevent Pica (eating inedible items).</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 10/27/22 from 4:00 pm to 7:15 pm. Client C was present throughout the observation period.</p> <p>1. On 10/27/22 at 4:45 pm, client C arrived to the group home on the facility transportation vehicle.</p>	W 0249	This deficient practice has the potential to affect all clients. Staff were retrained on client C's BSP on 11/18/22. Ongoing monitoring of adherence to the plan will occur through scheduled and random home visits by the QIDP, the GH Director, the Behavior Specialist and the Residential Senior Director. Additionally, the IDT has discussed some revisions to the current plan. The new plan will include the use of a fidget spinner to keep his hands busy, the use of a timer for rewards, and a	11/18/2022

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	<p>Direct Support Professional (DSPs) #2 and #3 used a 2 person escort to assist client C from the van to the home. One staff stood on each side of client C. DSPs #2 and #3 put one arm client C's arm at the elbow and bent their arms over his. DSPs #2 and #3 held client C's wrists with their opposite hands. Client C pulled his arms away from DSPs #2 and #3. Client C ran to the side of the garage, grabbed a handful of leaves, and put them in his mouth. DSPs #2 and #3 used the two person escort to assist client C inside the group home. Inside the home, client C continued to chew on the leaves. DSP #2 prompted client C to take off his coat and to sanitize his hands. Client C complied and continued chewing.</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 10/31/22 at 10:35 am and indicated the following:</p> <p>2. A BDDS report dated 8/24/22 indicated the following: "[Client C] was walking to the bathroom (at the facility owned and operated day program) and looked down the hall to find the maintenance cart in the hallway. [Client C] ran over to the cart and sprayed window cleaner into his mouth. [Client C] was redirected by staff and complied with putting the cleaner back on the cart."</p> <p>3. A BDDS report dated 8/27/22 indicated the following: "[Client C] was sitting on the couch then stood up and ran across the living room into to (sic) kitchen. He grabbed a bottle of hand sanitizer that was in the cabinet and drank about 2 tablespoons of it. Staff redirected [client C], and he gave them the bottle which then was safely disposed of. Poison control was contacted and instructed staff</p>		weighted vest for feelings of security. Once the new BSP is completed, the staff will all be trained again and will be retrained annually or as additional changes occur.	

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	<p>to hold all meds (medications) and to monitor [client C] for one hour for any nausea, vomiting, and/or displaying symptoms of being intoxicated. After one hour, staff reported that [client C] was within base line and was okayed to receive his medications."</p> <p>4. A BDDS report dated 9/4/22 indicated the following: "[On 9/3/22] staff was assisting another client with drinking his ClearLax pow (laxative) 34 gm (grams). Staff set down the cup to check the oven when [client C] ran over and grabbed the cup and took a drink. Staff redirected [client C], and he threw the cup. Staff reported that [client C] got one small drink of the medicated juice."</p> <p>5. A BDDS report dated 9/5/22 indicated the following: "[On 9/4/22] [client C] was using the restroom when staff heard him opening the locked container that contains hand soap. When staff got to the bathroom, [client C] was drinking the hand soap. Staff redirected [client C], and he gave them the hand soap. Staff called nursing then poison control. Poison control instructed staff to monitor [client C] for diarrhea and nausea. [Client C] did not have any negative (sic) from ingesting the soap."</p> <p>6. A BDDS report dated 9/19/22 indicated the following: "Staff put the hand sanitizer in the drawer while he was at day services. [Client C] cannot access this drawer when it is closed. The drawer was left open by mistake. [Client C] drank one swallow of hand sanitizer. He did not have any signs or symptoms from drinking the hand sanitizer. QIDP (Qualified Intellectual Disabilities Professional) spoke with the day service director and senior day</p>			

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W 0323 Bldg. 00	<p>service director. Staff will ensure that the drawer is closed all the way in the future."</p> <p>Client C's record was reviewed on 10/31/22 at 12:30 pm. Client C's BSP dated 10/19/21 indicated the following: "General Proactive Strategies: ...Client's group home will have soaps/cleaners locked up for the client's safety...."</p> <p>Senior Residential Director (SRD) #1 was interviewed on 11/1/22 at 10:20 am and stated, "We take 2 staff out in the community with [client C]. [Client C] will eat leaves and dirt. Those are things we can't get rid of. We have HRC (Human Rights Committee) approval to keep things locked and put away. He knows where products are. If staff think they can hide it and he won't know, he does know. We've retrained staff, had discussions, and emails to ensure all items are locked up that he will eat; shampoo, conditioner, hand sanitizer, soap, wipes, etc." SRD #1 indicated chemicals and hygiene products should be kept locked and out of client C's reach.</p> <p>9-3-4(a) 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.</p> <p>Based on record review and interview for 3 of 3 sample clients (A, B, and C), the facility failed to ensure clients A, B, and C had hearing exams and to ensure client C had a vision exam.</p>	W 0323	This deficient practice as the potential to affect all clients. On 11/2/22, the Residential Senior Director retrained the GH manager and Assistant managers on the importance of maintaining all	11/02/2022	

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W 0436 Bldg. 00	<p>Findings include:</p> <ol style="list-style-type: none"> Client A's record was reviewed on 10/31/22 at 11:31 am and did not include record of a hearing exam. Client B's record was reviewed on 10/31/22 at 12:00 pm and did not include record of a hearing exam. Client C's record was reviewed on 10/31/22 at 12:30 pm. A staff note indicated client C had a hearing exam completed on 9/26/22. The record did not include documentation of the hearing exam. Client C's record did not include record of a vision exam. <p>Senior Residential Director (SRD) #1 was interviewed on 11/1/22 at 10:20 am and stated, "A hearing exam should be done every 3 years unless specified sooner by the audiologist." SRD #1 stated, "A vision exam should be done every 2 years unless the ophthalmologist requests it sooner."</p> <p>Registered Nurse (RN) #1 was interviewed on 11/1/22 at 10:53 am and stated, "A hearing exam should be completed every 3 years unless otherwise specified." RN #1 stated, "A vision exam should be completed every 2 years unless specified."</p> <p>9-3-6(a) 483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other</p>		necessary and required exams for each individual. The status of appointments will be reviewed at each monthly IDT with oversight from the Group Home Director or designee. The IDT meeting notes will be reviewed by the Residential Senior Director or Chief Program Officer – this process will be ongoing.	

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	<p>communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation and interview for 1 of 3 sample clients (A), the facility failed to ensure client A's wheelchair was clean.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/27/22 from 4:00 pm to 7:15 pm and on 10/28/22 from 5:45 am to 8:15 am. Client A was present in the home throughout the observation period.</p> <p>Throughout the observation periods, the horizontal surfaces on the back of client A's wheelchair were covered in a thick layer of dust and debris. The lap belt of client A's seat belt had a white substance smeared on it. There were chips on the seat of client A's wheelchair. The right shoulder strap of client A's wheelchair was ripped. Throughout the observation periods, client A was observed chewing on the shoulder strap.</p> <p>A Manual Wheelchair Maintenance and Safety Checklist dated 11/10/09 was reviewed on 10/31/22 at 11:00 am and indicated the following: "All parts of the wheelchair are clean with no offensive odor.... The seat belt has no fraying or damage...."</p> <p>House Manager (HM) #1 was interviewed on 10/27/22 at 6:15 pm and stated, "[Client A's] wheelchair has been damaged for a while. Someone is coming on 10/28/22 to replace the straps." HM #1 stated, "The wheelchair is supposed to be cleaned every night. We have a new overnight staff, and some things slip through</p>	W 0436	<p>This practice has the potential to affect any individual with DME. On 11/2/22, the Residential Senior Director trained all staff in the home on the importance of completing a deep cleaning at least weekly with daily wipe downs of DME. A thorough cleaning of DME, especially Wheelchairs, was added to the weekly checklist as a reminder for staff. The completed checklists will be turned into the Group Home Director or designee for review. If that item is missing or incomplete, the GHD will follow up with the manager of the home to ensure it is completed.</p>	11/02/2022
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W 0454 Bldg. 00	<p>the cracks. It should be cleaned nightly and deep cleaned every couple of days."</p> <p>Senior Residential Director (SRD) #1 was interviewed on 11/1/22 at 10:20 am and stated, "The wheelchair should be cleaned weekly. Throughout the week, as needed. If there is dirt, grime, or food, it should be cleaned. The wheelchair is an extension of their body, and it should be well taken care of."</p> <p>Registered Nurse (RN) #1 was interviewed on 11/1/22 at 10:53 am and stated, "The wheelchair should be cleaned at least weekly. Every day, if staff see something on it, it should be wiped off."</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, record review, and interview for 1 of 3 sample clients (A), the facility failed to ensure staff working with client A implemented universal precautions for hand hygiene while attending to client A's personal needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/27/22 from 4:00 pm to 7:15 pm. Client A was present in the home throughout the observation period.</p> <p>On 10/27/22 at 4:52 pm, Direct Support Professional (DSP) #3 assisted client A to change his disposable brief. DSP #3 put on a pair of</p>	W 0454	<p>On 11/2/22, the Residential Senior Director performed a retraining with all staff on proper infectious control practices. The GH Manager will ensure staff are properly disposing of gloves and washing hands after treatments and medication passes. Additional oversight will be done by the QIDP, The GH Director, the Residential Senior Director and the nurse when they conduct their monthly or random home visits. Additionally, all staff are retrained annually on OSHA and infectious control procedures. These systems will be in place</p>	11/02/2022	

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	<p>gloves and removed client A's wet brief. DSP #3 did not wipe or clean client A. DSP #3 did not change her gloves before she used her left hand to scoop cream from a jar of Triple Paste (rash prevention) and applied it to client A's skin. DSP #3 removed her right glove and put on a new one. DSP #3 put a new brief on client A and put his pants back on. DSP #3 removed both gloves. DSP #3 and House Manager (HM) #1 transferred client A from his bed to his wheelchair. HM #1 buckled client A's seatbelt and chest strap. HM #1 pushed client A in his wheelchair to the dining room. DSP #3 went into the living room then the kitchen. DSP #3 opened a lunchbox on the counter in the kitchen and looked inside it. DSP #3 washed her hands with soap at the kitchen sink.</p> <p>The facility's Non-Universal Policies and Procedures Supervised Living Policy #: 1745 - Hand Washing/General Cross-Contamination Prevention dated 4/15/19 was reviewed on 11/1/22 at 10:20 am and indicated the following: "In order to prevent the spread of infection, Opportunity Enterprises, Inc. will train staff in the proper handwashing techniques. Procedure: This procedure should be followed by all persons providing direct client care at the following times: - Before and after eating. - After using the toilet.... - After coming in contact with body fluids.... - Before and after assisting with personal hygiene needs..."</p> <p>HM #1 was interviewed on 10/27/22 at 6:15 pm and stated, "When we change [client A], we pull off the brief and wipe him down. She probably didn't because he's getting a shower soon. I prefer to change gloves after I take off the old</p>		indefinitely.	

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W 9999 Bldg. 00	<p>one. It if wasn't too bad, she probably didn't change gloves because he's going to the shower." HM #1 stated, "I would recommend clean gloves to go into the medication jar."</p> <p>Senior Residential Director (SRD) #1 was interviewed on 11/1/22 at 10:20 am and stated, "You take the undergarment off, you dispose. Then you are going to put a new pair of gloves on. You are making it a clean slate. You don't want to exchange body fluid into a medication jar. Change the gloves, wash or sanitize hands." SRD #1 stated, "I would expect them to use wipes to clean even if he was only wet, even if he was going to take a shower. Anytime a client is wet or has any type of soil, you are going to clean with the wipes. He should also have a fresh undergarment and clean clothes if necessary."</p> <p>Registered Nurse (RN) #1 was interviewed on 11/1/22 at 10:53 am and stated, "Wash your hands beforehand. Glove once. Once you're done with the dirty stuff, you're going to take the gloves off and wash your hands. Put clean gloves on. Once you're done with the process, take the gloves off and wash your hands again."</p> <p>9-3-7(a)</p> <p>460 IAC 9-3-2(c)(3) Resident protections Authority: IC 12-28-5-19 Affected: IC 4-21.5; IC 5-2-55; IC 12-28-5-12; IC 22-12</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p>	W 9999	This practice has the potential to affect all clients in the home. The OE Human Resources Department reviewed and updated its SOP for obtaining 3 references for new hires. A spreadsheet was created to better track how many references each employee has	11/16/2022
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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 11/02/2022
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP COD 3102 AIRPORT RD PORTAGE, IN 46368
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	<p>(3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State rule is not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 employee files reviewed, the facility failed to ensure staff #5 had 3 reference checks completed prior to employment at the group home.</p> <p>Findings include:</p> <p>The facility's employee files were reviewed on 10/31/22 at 12:15 pm.</p> <p>Staff #5's record indicated she was hired on 8/15/22. Staff #5's record did not include any reference checks.</p> <p>Senior Residential Director (SRD) #1 was interviewed on 11/1/22 at 10:20 am and stated, "We should do 3 references prior to hire. They need to verify the reference."</p> <p>9-3-2(c)(3)</p>		<p>and will help to ensure there are three (3) for each new hire before they start employment. Two (2) business days prior to the beginning of employment, the Recruitment Specialist(s) will check the New Hire References Checklist to ensure that all three (3) references have been contacted and documented into the electronic personnel file of the potential new hire. If there are not three, the new hire cannot start until obtained. The spreadsheet is also available to the Chief Human Resource officer who will randomly monitor the process to ensure its implementation.</p>	