STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G353	A. BUILDING 00 B. WING	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
REM OCCAZIO LLC	1012 PARKWAY DR ANDERSON, IN 46012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 pre-determined full recertification and state licensure survey. Dates of Survey: September 16, 17, 18, 19 and 20, 2024. Facility Number: 000869 Provider Number: 15G353 AIMS Number: 100244230 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 9/30/24.	W 0000		
W 0153 Bldg. 00	483.420(d)(2) STAFF TREATMENT OF CLIENTS Based on record review and interview for 2 of 9 allegations of abuse, neglect and mistreatment reviewed for 1 of 3 sampled clients (#3) plus 2 additional clients (#4 and #5), the facility failed to report to BDS (Bureau of Disability Services) within 24 hours of knowledge regarding an allegation of verbal abuse of client #3 and an incident of client to client aggression regarding clients #4 and #5. Findings include: The facility's BDS reports and investigations were reviewed on 9/17/24 at 11:08 AM. 1. A BDS report dated 3/20/24 indicated "... On 03/07/2024 at approximately 7:00 am, another individual from the home began yelling at [client #4]. [Client #4] yelled back and then was slapped	W 0153	Retraining with the Direct Support Professionals regarding: When to contact the PS/PD/Nurse IN Mentors abuse, neglect and exploitation policy Retraining for the Program Director will be completed regarding the following: Filing BDS reports within 24 hours of the incident Retraining for the Program Supervisor and Program Director will be completed regarding the following: When to contact the PS/PD/nurse What needs to be reported to BDS	10/19/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Monica Baty		10/16/2024

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	in the arm by the other individual (client #5). [Client #4] hit the individual in the arm." -"Plan to Resolve (Immediate and Long Term)." -"Staff redirected both individuals." -"Staff reported to PD (Program Director)." -"Staff checked for injuries, bruises, redness- none were seen." -"Staff asked individual of any pain- both stated they were okay." -"IDT (Interdisciplinary Team) (sic) with team/guardian." -"Staff will continue to follow all plans/protocols." -A review of the BDS report dated 3/20/24 indicated an incident of client to client aggression between clients #4 and #5 was not reported to BDS with 24 hours of knowledge. 2. A BDS report dated 12/7/23 indicated, "... On 12/04/2023, it was reported to the Program Supervisor from an old (former) staff member that he seen (sic) a video posted on social media [Name of social media company] of a current staff member who was working in the home that involved [client #3]. It was reported that in the video, the staff member was 'making fun' and yelling at [client #3]." -"Plan to Resolve (Immediate and Long Term)." -"Staff member was suspended pending investigation."		The Area Director will monitor the timeliness of incident reporting completed by the Program Director. The Program Director Supervisor will be in the home two times a week to monitor to ensure the needs of the individuals are being met, plans are being followed and the environmental needs are identified and addressed. The Program Director QIDP will be in the home two times a week to monitor to ensure the needs of the individuals are being met, plans are being followed and the environmental needs are identified and addressed. The Area Director will be in the home weekly to monitor to ensure the needs of the individuals are being met, plans are being followed and the environmental needs are identified and addressed.	

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	-"Investigation has been started." -"Staff will continue to follow all plans of the individuals." -"Staff will follow abuse and neglect policy as well as Hippa (sic) (Health Insurance Portability and Accountability Act) protocol." -"Retrain staff as needed." -A review of the BDS report dated 12/7/23 indicated an allegation of verbal abuse and mistreatment by staff to client #3 was not reported to BDS within 24 hours of knowledge. RD (Regional Director) #1 was interviewed on 9/18/24 at 12:55 PM. RD #1 was asked if an incident of client to client aggression regarding clients #4 and #5 on 3/7/24 was reported to BDS within 24 hours of knowledge. RD #1 stated, "No, that would not have been reported timely." RD #1 indicated all allegations of abuse, neglect and mistreatment should be reported to the administrator immediately and to BDS within 24 hours of knowledge. 9-3-2(a)			
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS Based on record review and interview for 2 of 9 allegations of abuse, neglect and mistreatment reviewed for 1 of 3 sampled clients (#3), the facility failed to thoroughly investigate an allegation of verbal abuse by staff regarding client #3. Findings include:	W 0154	Retraining for the Quality Improvement Specialist will completed regarding: Mandatory components of an investigation How to appropriately review an investigation which includes verification of all mandatory	10/19/2024

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	The facility's BDS (Bureau of Disability Services) reports and investigations were reviewed on 9/17/24 at 11:08 AM. -A BDS report dated 12/7/23 indicated, "... On 12/04/2023, it was reported to the Program Supervisor from an old (former) staff member that he seen (sic) a video posted on social media [Name of social media company] of a current staff member who was working in the home that involved [client #3]. It was reported that in the video, the staff member was 'making fun' and yelling at [client #3]." -"Plan to Resolve (Immediate and Long Term)." -"Staff member was suspended pending investigation." -"Investigation has been started." -"Staff will continue to follow all plans of the individuals." -"Staff will follow abuse and neglect policy as well as Hippa (sic) (Health Insurance Portability and Accountability Act) protocol." -"Retrain staff as needed." -An II (Internal Investigation) form dated 12/12/23 to 12/21/23 indicated the following: -"... Factual Findings:" -"... On 12/4/2023 it was reported by a former employee that [FS (Former Staff)] #1, DSP (Direct Support Professional) emotionally/verbally abused [client #3], client."		components are contained within the written report before finalizing Retraining for the Program Director will be completed regarding the following: The investigation process and expectations Completing a thorough investigation Components of an investigation The Program Director Supervisor will be in the home two times a week to monitor to ensure the needs of the individuals are being met, plans are being followed and the environmental needs are identified and addressed. The Program Director QIDP will be in the home two times a week to monitor to ensure the needs of the individuals are being met, plans are being followed and the environmental needs are identified and addressed. The Area Director will be in the home weekly to monitor to ensure the needs of the individuals are being met, plans are being followed and the environmental needs are identified and addressed. The Quality Improvement Manager will review investigations of abuse/neglect/exploitation to ensure that the investigations are thorough before the investigation is finalized. The Quality Improvement Specialist will review investigations	

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	-"No (current) staff have seen [FS #1] abuse any client in any way. [FS #2], previous DSP, states he was shown by a friend a video posted on social media that [FS #1] posted on social media of him called (sic) [client #3] the [expletive] and yelling 'Why did you take my drink, you know you are not supposed to do that.'". -"[FS #2] does not have a video or picture referencing this incident. When [FS #1] was asked about the incident he denies ever taking or posting videos or pictures on social media. [FS #1] also denies being inappropriate with any of the individuals. The clients in the home are low functioning and are unable answer (sic) any interview questions." -"Conclusions of Fact:..". -"It is unknown if the client's right (sic) were violated. It is unknown if policy was violated." -"Due to lack of evidence in the investigation, this investigation is inconclusive." A review of the II form dated 12/12/23 to 12/21/23 did not indicate the facility interviewed any of the clients during the investigation. Interviews with the clients conducted by the surveyor indicated several of the clients were verbal and capable witnesses. AD (Area Director) #1 was interviewed on 9/18/24 at 12:55 PM. AD #1 was asked if clients #1, #2, #4, #5, #6, #7 and #8 should have been interviewed for the investigation. AD #1 stated, "Yes, because they are able to give their statements." AD #1 indicated all witnesses and/or potential witnesses should be interviewed.		completed by the AD/PD to ensure that the investigations are thorough before the investigation is finalized.	

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W 0240 Bldg. 00	9-3-2(a) 483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1's fall risk protocol addressed his supervision needs while showering/bathing. Findings include: Observations were conducted at the group home on 9/16/24 from 3:20 PM through 5:53 PM and on 9/17/24 from 6:20 AM through 8:42 AM. Client #1 was observed throughout the observation periods. On 9/16/24 at 4:33 PM client #1 was getting out of a standard bathtub. Client #1 proceeded to crawl on his knees across the bathroom floor to put his towel in a hamper. Client #1 was not wearing any clothing. Client #1 then crawled back to his rollator walker, opened the lid on the seat of the walker and began to dress himself while seated on the floor in the bathroom. Client #1 used his rollator walker while ambulating throughout the observation periods. No staff were present or providing supervision of client #1 during this period. Client #1's record was reviewed on 9/17/24 at 12:09 PM. Client #1's FAP (Fall Avoidance Protocol) dated 5/20/24 indicated the following: -"Purpose:" -"The purpose of this individualized protocol is to	W 0240	The Program Director Supervisor will be in the home two times a week to monitor to ensure the needs of the individuals are being met, plans are being followed and the environmental needs are identified and addressed. The Program Director QIDP will be in the home two times a week to monitor to ensure the needs of the individuals are being met, plans are being followed and the environmental needs are identified and addressed. The Area Director will be in the home weekly to monitor to ensure the needs of the individuals are being met, plans are being followed and the environmental needs are identified and addressed. The Quality Improvement Manager will review investigations of abuse/neglect/exploitation to ensure that the investigations are thorough before the investigation is finalized. The Quality Improvement Specialist will review investigations completed by the AD/PD to ensure that the investigations are thorough before the investigation is finalized.	10/19/2024

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	specify the current risk for a fall(s) and to identify the interventions and strategies to be used with this person for the deduction (sic) and management of falls." -"[Client #1] has the following fall risk(s) identified on the Fall Risk Questionnaire." -"1. Fall History" -"2. Over the age of 50." -"3. Difficulty with mobility/uses a walker." -"4. Medications" -"5. Incontinence of Bladder...". -"Do they use:" -"Walker-Type: Rolling...". -A review of the FAP dated 5/20/24 indicated client #1 had a history of falls and used a rolling walker to assist with his mobility. The review did not indicate the FAP addressed fall risks and/or support needs client #1 would need while showering/bathing. Staff #2 was interviewed on 9/16/24 at 5:03 PM. Staff #2 was asked if client #1 needed any assistance while showering or bathing. Staff #2 stated, "Yes, he can wash up by himself but just make sure he don't (sic) slip and fall getting in and out of the tub." Staff #3 was interviewed on 9/17/24 at 8:04 AM. Staff #3 was asked if client #1 needed any assistance while showering or bathing. Staff #3 stated, "Sometimes, a lot of times he wants to do it		New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review. Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document, how to report incidents, diets, drill documentations and understanding of BSP's.	

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	on his own." Staff #3 was asked which bathroom client #1 used to shower/bathe. Staff #3 stated, "He doesn't use the handicapped shower, he likes to take a bath." Staff #3 was asked if client #1 was a fall risk. Staff #3 stated, "He is." AD (Area Director) #1 was interviewed on 9/18/24 at 12:55 PM. AD #1 indicated client #1 was at risk for falls. AD #1 indicated client #1's Fall Avoidance Plan did not address client #1's support needs and/or fall prevention techniques regarding client #1's bathing needs. 9-3-4(a)			
W 0474 Bldg. 00	483.480(b)(2)(iii) MEAL SERVICES Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1 received his food cut into 1/4 to 1/2 inch pieces as recommended by the dietician. Findings include: Observations were conducted at the group home on 9/16/24 from 3:20 PM through 5:53 PM and on 9/17/24 from 6:20 AM through 8:42 AM. Client #1 was observed throughout the observation periods. On 9/17/24 at 7:20 AM client #1 asked staff #1, "Can I have 2 peanut butter and jelly sandwiches?" Staff #1 provided client #1 with a whole bagel. Client #1 asked for a jar of peanut butter and a bottle of honey. At 7:30 AM client #1 spread approximately 2 tablespoons of peanut butter on one side of a bagel. Client #1 then drizzled honey over the peanut butter. Client #1 then put both sides of the bagel together and ate the bagel as a sandwich. Staff #1 did not cut client	W 0474	A weekly meal observation will be completed by the Program Director for the next month. The Program Director Supervisor will be in the home weekly to monitor to ensure the needs of the individuals are being met, plans are being followed and the environmental needs are identified and addressed. The Program Director QIDP will be in the home weekly to monitor to ensure the needs of the individuals are being met, plans are being followed and the environmental needs are identified and addressed. The Area Director will be in the home weekly to monitor for the next month to ensure the needs of the individuals are being met, plans are being followed and the	10/19/2024

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	#1's bagel sandwich into small, bite-sized pieces. Client #1 ate 100 percent of the bagel sandwich. Client #1's record was reviewed on 9/17/24 at 12:09 PM. Client #1's Nutrition Assessment form dated 5/30/24 indicated the following: -"... Assessment:" -"... Nutrition concerns: potential for choking-new dentures and hx (history) of taking too large bites, fast pace eating and doesn't chew food well...". -"Recommendations:" -"1. Continue current diet: Regular, NAS (no added salt) with Single Servings, Thin Liquids." -"2. Recommend having foods cut up into small bite-sized pieces 1/4-1/2 (inch) pieces due to new dentures...". QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 9/18/24 at 12:55 PM. QIDP #1 was asked what were current diet recommendations for client #1. QIDP #1 stated, "Regular diet and cut up into pieces, 1/4 to 1/2 inch pieces." QIDP #1 was asked if staff should have allowed client #1 to eat a whole peanut butter and honey bagel sandwich. QIDP #1 stated, "No, because it doesn't follow his diet plan, he could choke." 9-3-8(a)		environmental needs are identified and addressed. Training will be completed with staff regarding: Dining plans for each individual Ensuring proper supervision of the individuals while they eat Dietary competency training and how to prepare modified diets New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, BSP's, programming, and medication review. Dietary competency will be completed with all new hire staff. The IDT will complete monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. The notes from this meeting will be shared with the Area Director and/or Quality Assurance for their review.	