

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G322 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/01/2024 |
|---|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC | | STREET ADDRESS, CITY, STATE, ZIP COD 568 YORKTOWN RD GREENWOOD, IN 46142 | | |
| (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 | <p>This visit was for a pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00431434.</p> <p>Complaint #IN00431434: No deficiencies related to the allegation(s) are cited.</p> <p>Survey Dates: July 29, 30, 31 and August 1, 2024</p> <p>Facility Number: 000840 Provider Number: 15G322 AIM Number: 100244010</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 8/12/24.</p> | W 0000 | | |
| W 0104 Bldg. 00 | <p>483.410(a)(1) GOVERNING BODY</p> <p>Based on observation and interview for 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the governing body failed to exercise operating direction over the facility by failing to ensure: 1) the common area walls were free from scuffs, dents, dings, missing paint and marks and 2) the hole filled with water and mud adjacent to the back porch was filled so the step down was level.</p> <p>Findings include:</p> <p>On 7/29/24 from 3:08 PM to 5:11 PM and 7/30/24 from 6:27 AM to 8:21 AM, observations were conducted at the group home. The following</p> | W 0104 | <p>W104 – Governing Body Outside contractor contacted to make wall repairs and to fill in area around the back concrete pad.</p> <p>Contractor will schedule work to be completed.</p> <p>Program Director will monitor for environmental concerns during weekly site visit.</p> <p>QIDP will monitor for environmental during weekly site visit.</p> <p>Area Director will monitor for environmental concerns during</p> | 09/16/2024 |

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

TITLE

(X6) DATE

Tracy Price

Area Director

09/10/2024

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>issues affected clients A, B, C, D, E, F and G:</p> <p>1) Throughout the observations, the common area walls (kitchen, dining room, living room, hallways and bathrooms) were scuffed, marked, dented, dinged, missing paint, and discolored.</p> <p>On 7/31/24 at 10:49 AM, the Area Director (AD) indicated the common area walls needed to be repainted.</p> <p>On 7/30/24 at 10:32 AM, the Program Supervisor (PS) indicated the common area walls needed to be painted.</p> <p>On 7/30/24 at 10:32 AM, the Program Director (PD) indicated the common area walls needed to be painted.</p> <p>On 7/30/24 at 10:32 AM, staff #4 indicated the common area walls needed to be painted.</p> <p>On 8/1/24 at 10:22 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the common area walls needed to be repainted.</p> <p>2) Throughout the observations, the step down into the yard from the back porch was sunken in, muddy and filled with water. The dirt under the porch adjacent to the hole was eroding, exposing the concrete from under the porch.</p> <p>On 7/30/24 at 10:32 AM, the Program Supervisor (PS) indicated the step down from the back porch needed to be repaired due to the muddy hole.</p> <p>On 7/31/24 at 10:49 AM, the AD stated the back porch "needs to be addressed." The AD stated, "It's a muddy mess."</p> | | <p>monthly site visit. Quarterly Health and Safety Assessment completed quarterly and monitored by Quality Improvement.</p> | |

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| W 0227 Bldg. 00 | <p>On 8/1/24 at 10:22 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the back porch needed to be repaired.</p> <p>9-3-1(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>Based on observation, record review and interview for 2 of 3 clients in the sample (A and B), the facility failed to ensure: 1) client B had a plan to address her communication deficits and 2) client A had a plan to address refusing to take her medication.</p> <p>Findings include:</p> <p>1) On 7/29/24 from 3:08 PM to 5:11 PM and 7/30/24 from 6:27 AM to 8:21 AM, observations were conducted at the group home. Throughout the observations, client B communicated to staff, peers and visitors using vocalizations. The surveyor was unable to effectively communicate with client B. Client B's expressive communication was ineffective with the surveyor. Client B did not have a communication device in order to communicate with the staff, peers or visitors.</p> <p>On 7/30/24 at 9:51 AM, a review of client B's record was conducted. Client B's 6/13/23 Individualized Support Plan (ISP) indicated, "... [Client B] does have a speech impairment making it difficult to understand her. At school there is much focus on her ability to have understandable conversation, focus being on cues/modeling...." Client B's ISP did not include a goal to increase her communication skills.</p> <p>On 7/30/24 at 9:53 AM, the Program Supervisor</p> | W 0227 | <p>W227 – Individual Program Plan A formal communication assessment will be scheduled for Client B. IDT will meet regarding Client A's medication refusals. Formal training will be implemented for Client A regarding importance of following doctor's orders. QIDP retrained regarding ensuring programmatic needs of clients are addressed. QIDP will monitor for programmatic concerns during weekly site visits. Team will discuss programmatic needs at monthly staffings.</p> | 09/16/2024 |

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| | <p>(PS) indicated client B was able to talk however she was difficult to understand. The PS stated, regarding a plan to address her communication deficits, "It's worth a try." On 7/30/24 at 10:14 AM, the PS indicated client B should have a goal for communication.</p> <p>On 7/30/24 at 9:58 AM, the Program Director (PD) stated "definitely think she would benefit from a communication device." The PD stated she was "not sure why we haven't addressed it."</p> <p>On 7/30/24 at 11:31 AM, the nurse indicated she client B needed a plan to address her communication needs.</p> <p>On 7/31/24 at 10:49 AM, the Area Director (AD) indicated she thought client B had an assessment by a speech therapist however she was unable to locate the documentation. The AD stated client B was "probably due for a new one."</p> <p>On 8/1/24 at 10:22 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated client B was difficult to understand and needed a communication goal.</p> <p>2) On 7/30/24 from 6:27 AM to 8:21 AM, an observation was conducted at the group home. At 7:47 AM, client A received her medications from staff #1. Client A did not receive and was not offered Saline Mist nasal spray (nosebleeds) and Miralax powder (constipation).</p> <p>On 7/30/24 at 9:36 AM, a review of client A's record was conducted and indicated the following: -Client A's July 2024 Physician's Orders indicated client A was prescribed Saline Mist nasal spray twice daily and Miralax powder twice daily.</p> | | | |

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| | <p>-Client A's 8/9/23 ISP indicated, "...[Client A] requires verbal prompts for taking prescribed medications...." Client A did not have a goal addressing refusals to take her medications.</p> <p>-Client A's 8/9/23 Behavior Support Plan did not address refusals to take her medications.</p> <p>On 7/30/24 at 10:53 AM, a review of client A's July 2024 Medication Administration Record indicated the following:</p> <ul style="list-style-type: none"> -Miralax at 8:00 AM was refused every day in July 2024. -Miralax at 8:00 PM was refused every day in July 2024 except on the 11th. -Saline Nasal Spray at 8:00 AM was refused every day in July 2024 except on the 8th. -Saline Nasal Spray at 8:00 PM was refused every day in July 2024 except on the 1st, 2nd, 3rd, 27th and 28th. <p>On 7/30/24 at 9:17 AM, staff #1 indicated she did not administer or offer client A her Saline Mist nasal spray and Miralax powder due to client A refusing the medications. Staff #1 stated, "She doesn't take them. Doesn't like Saline Mist so she didn't offer it. She doesn't like Miralax." Staff #1 stated, "My mistake. I'm sorry." Staff #1 indicated client A did not have a plan to address her refusals.</p> <p>On 7/31/24 at 10:49 AM, the Area Director indicated client A should have a plan to address her refusals to take her medications.</p> <p>On 7/31/24 at 12:05 PM, the nurse indicated client A should have a plan to address her refusals to take her medications.</p> <p>On 8/1/24 at 10:22 AM, the QIDP indicated she</p> | | | |

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| W 0252 Bldg. 00 | <p>was not aware client A was refusing to take her medications. The QIDP indicated she needed a goal to address her refusals.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Based on record review and interview for 3 of 3 clients in the sample (A, B and C), the facility failed to ensure staff documented the implementation of the clients' program plan training objectives.</p> <p>Findings include:</p> <p>1) On 7/30/24 at 9:36 AM, a review of client A's record was conducted and indicated the following in the July 23 to July 24 Action Plan Summary:</p> <p>-Client A will participate in answering questions about group living was implemented the following amount of times per month:</p> <p>July 2023: 12 August 2023: 21 September 2023: 13 October 2023: Zero November 2023: 4 December 2023: 2 January 2024: Zero February 2024: Zero March 2024: Zero April 2024: Zero May 2024: Zero June 2024: Zero July 2024: Zero</p> <p>-Client A will independently complete medication</p> | W 0252 | <p>W252 – Program Documentation Support Staff retrained on documentation of goals. Program Supervisor will monitor all documentation of support staff weekly. QIDP will monitor documentation of goals 3x weekly for a period of 2 months. QIDP will monitor staff's completion of goals during weekly site visits. QIDP will monitor completion of goals during monthly data collections.</p> | 09/16/2024 |

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| | <p>administration procedures was implemented the following amount of times per month:</p> <p>December 2023: 7 January 2024: 5 February 2024: Zero March 2024: Zero April 2024: Zero May 2024: Zero June 2024: 3 July 2024: 5</p> <p>-Client A will independently create a budget for spending her money from her job was implemented the following amount of times per month:</p> <p>January 2024: 5 February 2024: 5 March 2024: Zero April 2024: Zero May 2024: Zero June 2024: 3 July 2024: 4</p> <p>The Recommendations section indicated, "New goals to be written at her annual meeting on 8/23/24." There were no recommendations addressing the staff's failure to document the goals.</p> <p>2) On 7/30/24 at 9:51 AM, a review of client B's record was conducted and indicated the following in the July 23 to July 24 Action Plan Summary:</p> <p>-Three times weekly, client B will answer questions regarding living in supported group living was implemented the following amount of times per month:</p> <p>November 2023: 8</p> | | | |

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| | <p>December 2023: 10 January 2024: 7 February 2024: 2 March 2024: Zero April 2024: Zero May 2024: 4 June 2024: 2 July 2024: 6</p> <p>-Daily with one verbal prompt client B will gather her morning medications via a sun sticker. This is to help her identify the difference between day and night medications. Staff should document objective three times weekly was implemented the following amount of times per month:</p> <p>November 2023: 7 December 2023: 10 January 2024: 5 February 2024: 2 March 2024: Zero April 2024: Zero May 2024: 2 June 2024: 3 July 2024: 6</p> <p>-Daily, client B will independently choose coins/money when offered various items. Staff should document objective three times weekly.</p> <p>November 2023: 8 December 2023: 10 January 2024: 8 February 2024: 3 March 2024: Zero April 2024: 1 May 2024: 5 June 2024: 3 July 2024: 6</p> | | | |

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| | <p>-Client B will independently participate in a morning routine of straightening her personal space for the day: a) making her bed (if she needs to strip it due to incontinence she will do so, wipe the mattress down with Lysol, then remake the bed, wash the soiled bedding), b) pick any clothing up and place in her hamper, c) pick any items needing picked up and put in their proper place so there are no tripping hazards lying around was implemented the following amount of times per month:</p> <p>July 2023: 20 September 2023: 18 October 2023: 15 November 2023: 7 December 2023: 10 January 2024: 7 February 2024: 2 March 2024: Zero April 2024: Zero May 2024: 5 June 2024: 3 July 2024: 6</p> <p>-Daily, given one verbal prompt, client B will follow simple task instructions from staff. Staff should document three times weekly was implemented the following amount of times per month:</p> <p>November 2023: 8 December 2023: 10 January 2024: 7 February 2024: 3 March 2024: Zero April 2024: Zero May 2024: 3 June 2024: 2</p> | | | |

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| | <p>July 2024: 6</p> <p>The Recommendations section indicated, "New goals to be written at her annual meeting on 8/23/24." There were no recommendations addressing the staff's failure to document the goals.</p> <p>3) On 7/30/24 at 10:04 AM, a review of client C's record was conducted and indicated the following in the July 23 to July 24 Action Plan Summary:</p> <p>-Client C will answer questions regarding group living correctly was implemented the following amount of times per month:</p> <p>July 2023: 13 August 2023: 17 September 2023: 11 October 2023: 13 November 2023: 7 December 2023: 11 January 2024: 5 February 2024: Zero March 2024: Zero April 2024: Zero May 2024: Zero June 2024: 2 July 2024: 2</p> <p>-Client C will name each medication and purpose for each medication she takes at her 8:00 PM med pass was implemented the following amount of times per month:</p> <p>July 2023: 13 August 2023: 17 September 2023: 13 October 2023: 14 November 2023: 7</p> | | | |

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| | <p>December 2023: 13 January 2024: 6 February 2024: 1 March 2024: 1 April 2024: 1 May 2024: 2 June 2024: 4 July 2024: 3</p> <p>-Client C will answer questions accurately regarding her current finances was implemented the following amount of times per month:</p> <p>July 2023: 13 August 2023: 16 September 2023: 11 October 2023: 13 November 2023: 6 December 2023: 12 January 2024: 5 February 2024: Zero March 2024: Zero April 2024: Zero May 2024: Zero June 2024: 1 July 2024: 2</p> <p>-Client C will use a visual check off board for common daily hygiene, goal and household chore tasks was implemented the following amount of times per month:</p> <p>July 2023: 13 August 2023: 17 September 2023: 13 October 2023: 13 November 2023: 7 December 2023: 11 January 2024: 5 February 2024: Zero</p> | | | |

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| W 0351 Bldg. 00 | <p>March 2024: Zero April 2024: Zero May 2024: Zero June 2024: 1 July 2024: 2</p> <p>The Recommendations section indicated, "New goals to be written at her annual meeting on 8/23/24." There were no recommendations addressing the staff's failure to document the goals.</p> <p>On 7/31/24 at 10:49 AM, the Area Director indicated the staff should document the clients' objectives as indicated in the plan.</p> <p>On 8/1/24 at 10:22 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the staff should document the implementation of the clients' plans.</p> <p>9-3-4(a)</p> <p>483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Based on record review and interview for 1 of 3 clients in the sample (C), the facility failed to ensure client C had a dental examination within 30 days of her admission to the group home.</p> <p>Findings include:</p> <p>On 7/30/24 at 10:04 AM, a review of client C's record was conducted. Client C's record did not include documentation of a dental examination. Client C was admitted to the group home on 5/17/23. There was no documentation client C had a dental examination since her admission to the group home.</p> | W 0351 | <p>W351 – Comprehensive Dental Diagnostic Client C scheduled for dental exam.</p> <p>Program Supervisor retrained on ensuring appointments are completed according to regulations.</p> <p>Program Supervisor provided with appointment tracking form.</p> <p>RN will monitor appointments during quarterly audits and inform team of audits.</p> <p>Appointments will be</p> | 09/16/2024 |

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| W 0365 Bldg. 00 | <p>On 7/30/24 at 10:07 AM, the Program Supervisor indicated client C should have an annual dental examination. The PS indicated she was not aware client C needed to have a dental exam within 30 days of admission to the group home.</p> <p>On 7/30/24 at 10:11 AM, the Program Director indicated client C should have an annual dental exam after her initial dental exam within the first 30 days of admission.</p> <p>9-3-6(a)</p> <p>483.460(j)(4) DRUG REGIMEN REVIEW</p> <p>Based on record review and interview for 2 of 3 clients in the sample (A and C) and 3 additional clients (D, E and G), the facility failed to ensure: 1) staff initialed the Medication Administration Records (MARs) after the clients' medications were administered, not before and 2) staff initialed the clients' MARs indicating their medications were administered.</p> <p>Findings include:</p> <p>1) On 7/29/24 from 3:08 PM to 5:11 PM, an observation was conducted at the group home and indicated the following:</p> <p>-At 4:07 PM, client G received her medication from staff #4. Prior to administering the medication, staff #4 initialed client G's July 2024 Medication Administration Record (MAR) indicating the medication was administered.</p> <p>-At 4:13 PM, client D received her medications from staff #4. Prior to administering the</p> | W 0365 | <p>monitored during monthly staffings.</p> <p>W365 – Drug Regimen Review Support Staff retrained on medication pass procedures. Program Supervisor will monitor during random medication pass skill checks monthly. QIDP will monitor medication pass during weekly site visits. Program Supervisor will review MAR weekly to ensure all medication passed is documented. RN will review MAR weekly during weekly site visits.</p> | 09/16/2024 |

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| | <p>medication, staff #4 initialed client D's July 2024 MAR indicating the medication was administered.</p> <p>-At 4:20 PM, client E received her medications from staff #4. Prior to administering the medication, staff #4 initialed client E's July 2024 MAR indicating the medication was administered.</p> <p>On 7/31/24 at 10:49 AM, the Area Director (AD) indicated the staff should initial the MAR after passing the medications.</p> <p>On 7/30/24 at 10:36 AM, the Program Supervisor (PS) indicated the staff should initial the MAR after passing the medications.</p> <p>On 7/30/24 at 10:48 AM, the Program Director (PD) indicated the staff should initial the MAR after passing the medications.</p> <p>On 7/31/24 at 12:05 PM, the nurse indicated the staff should initial the MAR immediately after administering the clients' medications.</p> <p>On 8/1/24 at 10:22 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the staff should initial the MAR after the clients take their medications, not before.</p> <p>2) On 7/29/24 at 4:26 PM, a review of the clients' July 2024 MARs was conducted and indicated the following:</p> <p>-Client A's medications on 7/22/24 at 8:00 PM were not initialed as administered.</p> <p>-Client C's medications on 7/14/24 and 7/25/24 at 8:00 AM were not initialed as administered.</p> <p>On 7/30/24 at 9:21 AM, the PS indicated on</p> | | | |

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| W 0369 Bldg. 00 | <p>7/28/24, a staff from the facility-operated day program worked at the group home, passed medications, but did not document passing the medications on the clients' MARs.</p> <p>On 7/31/24 at 10:49 AM, the AD indicated the MAR should not have any holes where the staff failed to document the administration of the clients' medications.</p> <p>On 7/31/24 at 12:05 PM, the nurse indicated the staff should notice there's a blank place on the MAR and contact the PD.</p> <p>On 8/1/24 at 10:22 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the staff should document on the MAR when the clients' medications were administered.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>Based on observation, record review and interview for 1 of 3 clients in the sample (A), the facility failed to ensure staff administered client A's medications as ordered.</p> <p>Findings include:</p> <p>On 7/30/24 from 6:27 AM to 8:21 AM, an observation was conducted at the group home. At 7:47 AM, client A received her medications from staff #1. Client A did not receive and was not offered Saline Mist nasal spray (nosebleeds) and Miralax powder (constipation).</p> <p>On 7/30/24 at 9:36 AM, a review of client A's record was conducted. Client A's July 2024</p> | W 0369 | <p>W369 – Drug Administration Support Staff retrained on medication pass procedures. Program Supervisor will monitor during random medication pass skill checks monthly. QIDP will monitor medication pass during weekly site visits.</p> | 09/16/2024 |

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| W 0440 Bldg. 00 | <p>Physician's Orders indicated client A was prescribed Saline Mist nasal spray and Miralax powder.</p> <p>On 7/30/24 at 9:17 AM, staff #1 indicated she did not administer or offer client A her Saline Mist nasal spray and Miralax powder to client A refusing the medications. Staff #1 stated, "She doesn't take them. Doesn't like Saline Mist so she didn't offer it. She doesn't like Miralax." Staff #1 stated, "My mistake. I'm sorry."</p> <p>On 7/31/24 at 10:49 AM, the Area Director indicated client A's medications should be administered as ordered.</p> <p>On 7/30/24 at 10:48 AM, the Program Director indicated client A's medications should be administered as ordered. The PD indicated both medications should be offered to client A.</p> <p>On 7/30/24 at 9:21 AM, the Program Supervisor indicated client A's medications should be administered as ordered or offered to client A.</p> <p>On 7/31/24 at 12:05 PM, the nurse indicated client A's medications should be administered as ordered or offered to client A.</p> <p>On 8/1/24 at 10:22 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients' medications should be administered as ordered. The QIDP indicated the staff should offer client A's medications to her.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS</p> | | | |

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| W 0455 | <p>Based on record review and interview for 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the facility failed to conduct quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>On 7/29/24 at 2:50 PM, a review of the facility's evacuation drills was conducted and indicated the following affecting clients A, B, C, D, E, F and G:</p> <ul style="list-style-type: none"> -During the day shift (6:00 AM to 2:00 PM), there were no evacuation drills conducted from 7/29/23 to 4/5/24 and 4/6/24 to 7/29/24. -During the evening shift (2:00 PM to 10:00 PM), there were no evacuation drills conducted from 7/29/23 to 7/25/24. -During the night shift (10:00 PM to 6:00 AM), there were no evacuation drills conducted from 7/29/23 to 12/6/23 and 12/8/23 to 6/8/24. <p>On 7/29/24 at 2:56 PM, the Program Supervisor indicated the facility should have quarterly evacuation drills for each shift.</p> <p>On 7/29/24 at 2:56 PM, the Program Director indicated the facility should have quarterly evacuation drills for each shift.</p> <p>On 8/1/24 at 10:22 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the facility conducted conduct quarterly evacuation drills for each shift.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> | W 0440 | <p>W440 – Evacuation Drills</p> <p>Program Supervisor trained on ensuring fire drills are completed in accordance with regulations.</p> <p>Support retrained on fire drill procedures.</p> <p>Program Director will monitor fire drills monthly.</p> <p>Area Director will review fire drills during monthly site visits.</p> | 09/16/2024 |

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| Bldg. 00 | <p>Based on observation and interview for 1 of 3 clients in the sample (A) and 3 additional clients (D, E and G), the facility failed to ensure the staff washed and/or sanitized their hands before and between clients' med passes and staff did not administer a dropped pill.</p> <p>Findings include:</p> <p>1) On 7/29/24 from 3:08 PM to 5:11 PM, an observation was conducted at the group home. At 4:03 PM, staff #4 put on gloves prior to the med pass. Staff #4 observed client B test her blood sugar. Staff #4 picked up a pen to document on the Medication Administration Record (MAR) while wearing gloves. Staff #4 opened the medication cabinet while wearing the gloves. At 4:07 PM, client G received a medication from staff #4. Staff #4 was wearing the same gloves. At 4:13 PM, client D was administered her medication. Staff #4 was wearing the same gloves. At 4:20 PM, client E received her medication from staff #4. Staff #4 was wearing the same gloves.</p> <p>Throughout the medication administration observation, staff #4 wore the same gloves. Staff #4 did not wash or sanitize her hands throughout the observation.</p> <p>On 7/30/24 at 10:36 AM, the Program Supervisor (PS) indicated staff #4 should have washed her hands before the med pass, in between clients and should have changed her gloves.</p> <p>On 7/30/24 at 10:36 AM, the Program Director (PD) indicated staff #4 should have washed her hands before the med pass, in between clients and should have changed her gloves.</p> | W 0455 | <p>W455 – Infection Control Support Staff retrained on medication pass procedures. Program Supervisor will monitor during random medication pass skill checks monthly. QIDP will monitor medication pass during weekly site visits.</p> | 09/16/2024 |

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| | <p>On 7/31/24 at 12:05 PM, the nurse indicated staff #4 should have washed her hands and changed her gloves in between clients.</p> <p>On 8/1/24 at 10:22 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated staff #4 should wash her hands in between clients as well as change her gloves.</p> <p>2) On 7/30/24 from 6:27 AM to 8:21 AM, an observation was conducted at the group home. At 7:38 AM, client A was in the med room with staff #1 as staff #1 prepared her medications. Staff #1 dropped client A's Levothyroxine (thyroid) and it rolled across the desk toward client A. Client A picked up the pill, put it into her cup and took the medication. Staff #1 stated to client A, "That was lucky" when the pill did not fall off the desk. Staff #1 did not sanitize the desk prior to the med pass with client A.</p> <p>On 7/30/24 at 10:36 AM, the PS indicated staff should not administer a dropped pill.</p> <p>On 7/31/24 at 10:49 AM, the Area Director indicated the staff should not administer a dropped pill.</p> <p>On 7/31/24 at 12:05 PM, the nurse stated staff "should not administer a contaminated pill."</p> <p>On 8/1/24 at 10:22 AM, the QIDP indicated the staff should not administer a dropped pill.</p> <p>9-3-7(a)</p> | | | |