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	03/13/2024

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 the investigation of complaint #IN00429066. Complaint #IN00429066: Federal and State deficiency related to the allegation(s) was cited at W154. Dates of Survey: March 11, 12 and 13, 2024. Facility Number: 000869 Provider Number: 15G353 AIMS Number: 100244230 This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/1/24.	W 0000		
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to complete a thorough investigation into an allegation of exploitation involving client A. Findings include: The facility's BDS (Bureau of Disabilities Services) reports and investigations were reviewed on 3/11/24 at 12:14 PM, and indicated the following: A BDS report dated 2/22/24 indicated, "...He (client A's brother) also reported that [client A] stated the same staff (staff #2) took [client A's] medication for personal use...".	W 0154	**W154 Staff Treatment of Clients** **1. What corrective action will be accomplished?** Program director/Area Director will have retraining on incident management/ investigation timeliness. a Reporting timeliness b When to investigate/investigation timeliness **2. How will we identify other residents having the potential to be affected by the same**	04/13/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rachel Downing	Area Director	04/14/2024

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	03/13/2024

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
	A TMNRFII (The Mentor Network Report Form for Internal Investigation) dated 2/23/24 indicated the following: -"...Incident Summary ...He also reported that [client A] stated the same staff (staff #2) took [client A's] medication for personal use... Documents or Files reviewed ISP (Individual Support Plan) BSP (Behavioral Support Plan) client statements... Factual Findings... [Client A] 2/21/24... Do you have any concerns with [staff #2]? [Client A] stated - [Client A] couldn't tell me (IO (Investigating Officer) any examples of what [staff #2] said. [Client A] couldn't tell me what color his meds are... [Staff #2] 2/22/24... Have you ever taken an individual's medication for personal use? I (staff #2) never ever ever done anything like that (sic). There is (sic) 30-31 days in a month and you rarely see my name on any medications. I do not normally pass meds. One staff cooks, one passes meds. I always cook and do showers so the other staff passes medications. When I do pass medications other staff are present at the time... Conclusions of Fact (i.e., Investigator's conclusions to the questions and issues initially		**deficient practice and what corrective action will be taken?** All residents have the potential to be affected by the same deficient practice. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** Program director/Area Director will have retraining on incident management/ investigation timeliness. a Reporting timeliness b When to investigate/investigation timeliness **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** Program director/Area Director will have retraining on incident management/ investigation timeliness. a Reporting timeliness b When to investigate/investigation timeliness Regular training will be completed to ensure that the deficient practice will not occur. . **5. What is the date by which the systemic changes will be completed?** 04-13-2024	

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	03/13/2024

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
	raised by the incident) Evidence supports that all allegations have been denied by the individuals in the home and the staff who work in the home as well. Evidence supports that no rights or policies were violated. Per their statements attached, the investigation is unsubstantiated for...Mismanaging of medications - medications were reviewed by [PS (Program Supervisor) #1] for [client A] and no medication errors were identified...". A review of the TMNRFII dated 2/24/24 indicated client A and staff #2 were the only individuals with questions asked pertaining to alleged medication mismanagement. The review did not indicate documentation of questioning any other client or staff at the group home at the time of the allegation. The review of the TMNRFII indicated client A's ISP, BSP, and client statements were the documentation reviewed by the investigator. The review did not indicate the investigator reviewed client A's MAR (Medication Administration Record) for accuracy of medication administration. PD (Program Director) #1 was interviewed on 3/12/24 at 11:52 AM. PD #1 was asked what was expected to be completed when an investigation is warranted. PD #1 stated, "Any alleged staff is to be suspended, any other staff or clients present at time of incident should be interviewed, and any documentation related to the allegation should be reviewed." PD #1 was asked why all the clients and staff who were present or working around the time of the alleged incident were not questioned about any issues related to medication administration or missing medications. PD #1 stated, "Well when we spoke with [staff #2] he denied the allegation and [client A] was not able to tell us what the medication was that was			

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	03/13/2024

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
	allegedly being taken. We had the PS (Program Supervisor #1) review the meds and there were no issues discovered." PD #1 was asked why the PS was not questioned about the medication audit during her questioning. PD #1 stated, "I know we talked to her about it, but didn't put that in the investigation." PD #1 was asked if that information should have been documented in the investigation. PD #1 stated, "Yes." PD #1 was asked if the MAR was reviewed by the investigator. PD #1 stated, "I know the PS reviewed the MAR and didn't find any issues and the nurse reviewed the MAR as well with no findings, so I don't think the investigator looked at it." PD #1 indicated the investigator should have. PD #1 was asked if the investigation into the allegation of exploitation involving client A's medications could be thorough if only two individuals were questioned about it and not all documentation related to client A's medications was reviewed by the investigator. PD #1 stated, "We should have included more." This federal tag relates to complaint #IN00429066. 9-3-2(a)			