

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/30/2023
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP COD 1012 PARKWAY DR ANDERSON, IN 46012
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W 0000 Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: June 26, 27, 28, and 30, 2023.</p> <p>Facility Number: 000869 Provider Number: 15G353 AIMS Number: 100244230</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/18/23.</p>	W 0000		
W 0248 Bldg. 00	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure client #1, #2, and #3's Day Program services had current ISPs (Individual Support Plans).</p> <p>Findings include:</p> <p>1. Client #1's Day Program Binder was reviewed on 6/27/23 at 8:50 AM. Client #1's Day Program Binder indicated an ISP dated 2/11/21. Client #1's Day Program Binder did not indicate documentation of a current ISP.</p> <p>Client #1's record at the facility was reviewed on 6/28/23 at 11:31 AM.</p>	W 0248	<p>W248 Individual Program Plan</p> <p>Program Director will ensure that all updated ISPs will be available in the home and at Day Programs that the individuals attend. All residents have the potential to be affected by the same deficient practice. Area Director will monitor with site visits to ensure all plans are up to date and in the correct locations.</p>	07/30/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rachel Downing	Area Director	08/07/2023

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>Client #1's record indicated an ISP dated 1/18/23.</p> <p>2. Client #2's Day Program Binder was reviewed on 6/27/23 at 9:01 AM. Client #2's Day Program Binder indicated an ISP dated 2/4/21. Client #2's Day Program Binder did not indicate documentation of a current ISP.</p> <p>Client #2's record at the facility was reviewed on 6/28/23 at 10:02 AM.</p> <p>Client #2's record indicated an ISP dated 1/17/23.</p> <p>3. Client #3's Day Program Binder was reviewed on 6/27/23 at 9:14 AM. Client #3's Day Program Binder indicated an ISP dated 12/13/21. Client #3's Day Program Binder did not indicate documentation of a current ISP.</p> <p>Client #3's record at the facility was reviewed on 6/28/23 at 10:57 AM.</p> <p>Client #3's record indicated an ISP dated 12/15/22.</p> <p>DSS (Day Service Supervisor) #1 was interviewed on 6/27/23 at 9:20 AM. DSS #1 indicated she was working on obtaining current ISPs for clients #1, #2, and #3. DSS #1 stated, "We should have current plans for all of our clients. I am new to this position and have been going through all the records and trying to get them updated." DSS #1 was asked who was responsible for ensuring the day service has current plans for all their clients. DSS #1 stated, "The PD (Program Director) of each home should send ISPs when updated."</p> <p>PD #1 was interviewed on 6/28/23 at 2:11 PM. PD #1 was asked if a client's day program should have current plans for each client they serve. PD</p>			

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

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	#1 stated, "Yes, so we are all on the same page and they can train appropriately and follow the most recent protocol." PD #1 was asked who was responsible for ensuring the day program had all current updated/adjusted plans. PD #1 stated, "The Program Director." PD #1 was asked if ISPs dated for 2021 would be current ISPs for the day program to have for clients #1, #2, and #3. PD #1 stated, "No."  9-3-4(a)				