

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

PRINTED: 07/27/2017
FORM APPROVED
OMB NO. 0938-0391

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 06/21/2017	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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.</p> <p>This visit was in conjunction with the PCR (Post Certification Revisit) to the investigation of complaint #IN00218531 completed on 2/6/17.</p> <p>This visit was in conjunction with the PCR to the PCR completed on 2/6/17 to the investigation of complaint #IN00212435 completed 10/14/16.</p> <p>Dates of Survey: 6/14, 6/15, 6/19 and 6/21/17.</p> <p>Facility number: 000869 Provider number: 15G353 AIM number: 100244230</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/7/17.</p>		W 0000				

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 2 additional clients (#4 and #5), the governing body failed to exercise operating direction over the facility to ensure clients had enough food in the house to make breakfast and lunches for the day.</p> <p>Findings include:</p> <p>During the 6/15/17 observation period between 5:30am and 7:30am clients #1, #2, #3, #4 and #5 completed their morning routines. At 6:15am the QIDP (Qualified Intellectual Disabilities Professional) had to leave the home to go to the grocery store. There was no bread, cheese, or juice in the home for clients to make their breakfast or to make sandwiches for their lunches.</p> <p>The posted menu in the home was reviewed on 6/14/17 at 5:45pm. The breakfast menu posted for 6/15/17 indicated "3/4 cup juice of choice, 1 serving garden breakfast bake, 2 slices</p>		W 0104	<p>W104 Governing Body</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. ·The Program Coordinator at the time of the survey has resigned. ·A new Program Coordinator is currently overseeing the grocery shopping responsibilities of the home. ·Grocery shopping will be completed on at least a weekly basis or more frequently if needed. ·The new Program Coordinator starts on 7-31-17. As a part of her training, she will be trained on the expectations of completing the grocery shopping and ensuring 		07/21/2017	

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	<p>whole wheat toast, 1 teaspoon margarine, and 1 teaspoon low sugar jelly." The lunch menu posted indicated "3 ounce chicken or 3 ounce low fat lunch meat, 1 cup low fat pasta salad, 1 cup sliced vegetables, Tablespoon fat free dip or 6oz V-8 juice, 3 cup low fat popcorn, 1 cup unsweetened pears or unsweetened fruit cocktail, 8 to 12 ounces water and/or 1 sugar free beverage."</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked if the group home should have enough food to make clients' breakfast and lunches for the day, all three stated "Yes." When asked why there was not enough food in the home for breakfast and lunch to be made, the QIDP stated "It was my understanding the house manager had already gone to the grocery store, but he must not have."</p> <p>9-3-1(a)</p>				<p>the food on the menu is available within the home.</p> <ul style="list-style-type: none"> ·Training completed with the staff regarding: ·Reporting to the Program Coordinator when there isn't appropriate food substitutions available in the home to complete a meal <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. ·A new Program Coordinator is currently overseeing the grocery shopping responsibilities of the home. ·Grocery shopping will be completed on at least a weekly basis or more frequently if needed. ·The new Program Coordinator starts on 7-31-17. As a part of her training, she will be trained on the expectations of completing the grocery shopping and ensuring the food on the menu is available within the home. ·Training completed with the 		

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					<p>staff regarding:</p> <ul style="list-style-type: none"> ·Reporting to the Program Coordinator when there isn't appropriate food substitutions available in the home to complete a meal <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. ·A new Program Coordinator is currently overseeing the grocery shopping responsibilities of the home. ·Grocery shopping will be completed on at least a weekly basis or more frequently if needed. ·The new Program Coordinator starts on 7-31-17. As a part of her training, she will be trained on the expectations of completing the grocery shopping and ensuring the food on the menu is available within the home. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Reporting to the Program Coordinator when there isn't appropriate food substitutions available in the home to complete 		

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				<p>a meal</p> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. ·Mentor's nurse will be in the home on a weekly basis or more frequently as needed to monitor for concerns and assess residents. ·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, following the menus, risk plans, ISP's, programming, and medication review. ·Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to the Area Director for review. <p>1.What is the date by which the systemic changes will be completed? July 21. 2017</p>			

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W 0153 Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 4 allegations of abuse for 1 additional client (#4), the facility failed to report an allegation of verbal abuse to the administrator immediately and to state officials in accordance with state law.</p> <p>Findings include:</p> <p>The reportable incident reports and investigations were reviewed on 6/15/17 at 11:43am. The 6/3/17 reportable incident report indicated "It was reported that there was alleged verbal abuse towards [client #4] at his residence. Staff has been suspended while the investigation is underway and actions are pending the outcome of the investigation. Other interventions are staff on customer services, dignity and consumer respect will be completed."</p> <p>The reportable incident report indicated the verbal abuse occurred on 5/31/17 and was not reported to the administrator until 6/1/17. The reportable incident report indicated it was not reported to</p>		W 0153	<p>W 153 Staff Treatment of Clients</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> ·The Program Director/QIDP will be retrained on the expectations for filing incident reports within the required time frame according to state law. ·Staff training was completed regarding the expectations for reporting incidents timely. This training included competency testing. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what</p>		07/21/2017	

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	<p>state officials until 6/3/17.</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked when allegations of abuse and neglect should be reported to the administrator, the Area Director stated "Immediately." When asked when allegations of abuse and neglect should be reported to state officials, the Area Director stated "Within 24 hours." When asked why the allegation wasn't reported to the administrator until the next day, the Area Director stated "I don't know." When asked why the administrator waited until 6/3/17 to report the incident to state officials, the Area Director stated "[QIDP] just forgot to file it."</p> <p>9-3-2(a)</p>				<p>corrective action will be taken?</p> <p>·All residents have the potential to be affected by the same deficient practice.</p> <p>·The Program Director/QIDP will be retrained on the expectations for filing incident reports within the required time frame according to state law.</p> <p>·Staff training was completed regarding the expectations for reporting incidents timely. This training included competency testing.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>·The Program Director/QIDP will be retrained on the expectations for filing incident reports within the required time frame according to state law.</p> <p>·Staff training was completed regarding the expectations for reporting incidents timely. This training included competency testing.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p>		

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W 0157 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 4 allegations of abuse and neglect for 1 additional client (client #4), the facility failed to complete their recommended corrective action in regards to substantiated verbal abuse for client #4.</p> <p>Findings include:</p> <p>The reportable incident reports and investigations were reviewed on 6/15/17</p>			W 0157	<p>·New staff hired to work at the site will receive training on reportable incidents, reporting expectations and who to contact. ·The Program Director will monitor incidents reported by staff to ensure they are reported properly according to the BDDS reporting guidelines and time frames. ·The Area Director will monitor incidents to ensure they are properly reported according to the BDDS reporting guidelines and time frames.</p> <p>1.What is the date by which the systemic changes will be completed? July 21, 2017</p> <p>W 157 Staff Treatment of Clients</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>1.What corrective action will be accomplished?</p> <p>·The Program Director/QIDP will be retrained on the</p>		07/21/2017

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	<p>at 11:43am. The 6/3/17 reportable incident report indicated "It was reported that there was alleged verbal abuse towards [client #4] at his residence. Staff has been suspended while the investigation is underway and actions are pending the outcome of the investigation. Other interventions are staff on customer services, dignity and consumer respect will be completed."</p> <p>The 6/8/17 investigation indicated "On 6/2/17 [The LPN] reported to the [QIDP] (Qualified Intellectual Disabilities Professional), that on Wednesday 5/31/17 she overheard a conversation between [Residential Manager] and [client #4]. [LPN] reports she heard [Residential Manager] being verbally abusive and confrontational towards [client #4]." The Investigation indicated the recommendations resulting from the investigation were to "Review the expectation regarding reportable incidents and review with all staff at the site ANE (abuse, neglect, and exploitation)-at next staff meeting."</p> <p>The investigation did not indicate staff had been trained over expectations regarding reportable incidents and ANE.</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities</p>			<p>expectations for ensuring that incident investigation recommendations are completed timely.</p> <p>·Staff was trained regarding the expectations for reporting abuse, neglect and exploitation based on the recommendations in the incident involving client #4. This training included competency testing.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>·All residents have the potential to be affected by the same deficient practice.</p> <p>·The Program Director/QIDP will be retrained on the expectations for ensuring that incident investigation recommendations are completed timely.</p> <p>·Staff was trained regarding the expectations for reporting abuse, neglect and exploitation based on the recommendations in the incident involving client #4. This training included competency testing.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient</p>			

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	<p>Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked if staff has been trained on the expectations regarding reportable incidents and ANE, the Area Director stated "We have not had the house meeting yet to do the training."</p> <p>9-3-2(a)</p>			<p>practice does not recur:</p> <ul style="list-style-type: none"> ·The Program Director/QIDP will be retrained on the expectations for ensuring that incident investigation recommendations are completed timely. ·Staff was trained regarding the expectations for reporting abuse, neglect and exploitation based on the recommendations in the incident involving client #4. This training included competency testing. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> ·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 medical needs and how to report incidents. ·New staff hired to work at the site will receive training on reportable incidents, reporting 			

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W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review, and interview for 3 of 3 sampled clients (#1, #2, and #3), the facility failed to ensure the QIDP met the needs of clients #1, #2, and #3 in regards to the following:</p> <p>-Failed to ensure staff implemented client #2's dining plan and clients #1, #2 and #3's ISP (Individualized Support Plan) objectives. -Failed to ensure staff documented client #2's weekly weights. -Failed to update clients #1 and #2's</p>		W 0159	<p>expectations and who to contact. ·The Program Director will review all investigation recommendations and ensure that they are completed. ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations.</p> <p>1.What is the date by which the systemic changes will be completed? July 21st, 2017</p> <p>W 159 QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.</p> <p>1.What corrective action will be accomplished?</p> <p>·Training completed with the staff regarding: ·Following the client's dining</p>		07/21/2017	

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	<p>CFAs (Comprehensive Functional Assessments) on an annual basis.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to ensure the facility staff implemented client #2's dining plan and clients #1, #2 and #3's ISP (Individualized Support Plan) objectives. Please see W249. 2. The QIDP failed to ensure the facility staff documented client #2's weekly weights. Please see W252. 3. The QIDP failed to update clients #1 and #2's CFAs (Comprehensive Functional Assessments) on an annual basis. Please see W259. <p>9-3-3(a)</p>		<p>plans and menus</p> <ul style="list-style-type: none"> ·Active treatment expectations- including competency testing ·Completing formal programming documentation ·Ensuring that staff are following the MAR/nursing measures ·Documenting health status information including weekly weights as outlined by risk plans and client MAR's. ·Client #2's risk plans ·The Program Director/QIDP will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The Program Director/QIDP will be retrained on the role and expectations of the QIDP. ·The IDT has implemented 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. These staffings are led by the QIDP. ·The Program Director/QIDP will complete training regarding the expectations for completing, reviewing and updating the comprehensive functional assessments at least yearly. ·Client #1 and #2's comprehensive functional assessments will be updated. 				

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				<p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Following the client's dining plans and menus ·Active treatment expectations- including competency testing ·Completing formal programming documentation ·Ensuring that staff are following the MAR/nursing measures ·Documenting health status information including weekly weights as outlined by risk plans and client MAR's. ·Client risk plans ·The Program Director/QIDP will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The Program Director/QIDP will be retrained on the role and expectations of the QIDP. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's 			

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				<p>needed, family involvement, medical, workshop/day services, financial and adaptive equipment. These staffings are led by the QIDP.</p> <ul style="list-style-type: none"> ·The Program Director/QIDP will complete training regarding the expectations for completing, reviewing and updating the comprehensive functional assessments at least yearly. ·The Program Director/QIDP will review all of the client's comprehensive functional assessments and update them as their needs change but at least yearly. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Following the client's dining plans and menus ·Active treatment expectations- including competency testing ·Completing formal programming documentation ·Ensuring that staff are following the MAR/nursing measures ·Documenting health status information including weekly weights as outlined by risk plans and client MAR's. 			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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					<ul style="list-style-type: none"> ·Client risk plans ·The Program Director/QIDP will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The Program Director/QIDP will be retrained on the role and expectations of the QIDP. ·The IDT has implemented 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. These staffings are led by the QIDP. ·The Program Director/QIDP will complete training regarding the expectations for completing, reviewing and updating the comprehensive functional assessments at least yearly. ·The Program Director/QIDP will review all of the client's comprehensive functional assessments and update them as their needs change but at least yearly. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> ·The Program Director will monitor to ensure the clients 		

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				<p>plans and needs are being met during their bi-weekly observations.</p> <ul style="list-style-type: none"> ·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. ·The IDT has implemented 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. ·Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to the Area Director for review. ·The QIDP will monitor and review the resident's needs. As the needs arise, the comprehensive functional assessments will be updated (at least annually). ·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 			

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W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 3 of 3 sampled clients (#1, #2 and #3), the facility staff failed to implement client #2's dining plan and clients #1, #2 and #3's ISP (Individualized Support Plan) objectives.</p> <p>Findings include:</p> <p>During the 6/14/17 observation period between 4:30pm and 6:30pm clients #2 and #3 completed their evening routines. At 5:08pm staff #3 was taking frozen pizzas out of their boxes and put them in the oven. At 5:24pm staff #3 took the pizza out of the oven and cut it up into</p>			W 0249	<p>know how to properly document medical needs, how to report incidents, diets and understanding of BSP's.</p> <p>1.What is the date by which the systemic changes will be completed? July 21st, 2017</p> <p>W 249 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>1.What corrective action will be accomplished?</p> <p>·The Program Director will do</p>		07/21/2017

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	<p>slices. At 5:39pm staff #3 cut up fruit for dinner. Clients #1 and #3 were both watching staff #3 cut up the fruit but were not prompted to help. At 5:45pm client #2 came out of his bedroom for dinner. Clients sat down to eat. At 6:00pm client #2 was eating and had no drink available to him. He did not have a cup and staff did not offer to assist him with getting a drink. Client #2 had two pieces of pizza and a scoop of cantaloupe and watermelon. Client #2 was not offered seconds or thirds with his meal. Client #2 did not have a drink throughout the entire meal.</p> <p>During the 6/15/17 medication pass observation at 6:42am client #3 was assisted by staff #4 with his medications. Client #3 did not sanitize or wash his hands before his medication pass. Staff #4 popped client #3's medication into a small cup and handed it to client #3. Staff #4 did not do any training with client #3.</p> <p>An interview with staff #4 was conducted on 6/15/17 at 6:45am. When asked if client #3 had a medication goal, staff #4 stated "I'm not sure. I don't normally work in this home."</p> <p>Client #1's record was reviewed on 6/15/17 at 1:30pm. Client #1's 6/15/17</p>				<p>home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</p> <ul style="list-style-type: none"> ·Formal programming to be implemented for clients #1, #2 and #3 on participating in meal prep. ·Formal programming to be implemented for client #3 regarding handwashing ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Following the client's dining plans and menus ·Active treatment expectations- including competency testing ·Completing formal programming documentation ·Ensuring handwashing before meals and med pass <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·Formal programming to be implemented for clients #1, #2 and #3 on participating in meal prep. 		

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	<p>ISP indicated he had formal objectives to prepare a meal with staff on Saturdays, prepare a side dish with staff on Fridays and to prepare a breakfast with staff on Saturday.</p> <p>Client #2's record was reviewed on 6/19/17 at 11:13am. Client #2's 2/17/17 ISP indicated he had formal objectives to prepare a breakfast with staff on Fridays and to prepare a side dish with staff on Thursdays.</p> <p>Client #2's 2/17/17 ISP indicated he was at risk for Dehydration. His Dehydration plan included in his ISP indicated "Staff can ensure that [client #2] receives adequate hydration on a daily basis. If [client #2] is going to be exposed to elevated temperatures supply extra fluids should be encouraged. Extra fluids should also be encouraged if [client #2] is participating in activity that will cause sweating. If [client #2] has an illness that causes vomiting or diarrhea extra fluids should be provided to ensure good hydration status. If [client #2] is unable to obtain drinks independently staff should offer them regularly."</p> <p>Client #2's 6/15/17 dining plan indicated "Calorie Restriction: Regular with 2nds and 3rds."</p>				<p>·Formal programming to be implemented for client #3 regarding handwashing</p> <p>·The Program Director/QIDP will review all of the client's programming needs and revise the programming or implement additional programming as the needs arise.</p> <p>·The IDT has implemented 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.</p> <p>·Training completed with the staff regarding:</p> <p>·Following the client's dining plans and menus</p> <p>·Active treatment expectations- including competency testing</p> <p>·Completing formal programming documentation</p> <p>·Ensuring handwashing before meals and med pass</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</p>		

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	<p>Client #3's record was reviewed on 6/19/17 at 12:50pm. Client #3's 9/12/16 ISP indicated client #3 had formal objectives to prepare a breakfast with staff assistance on Wednesdays, prepare a meal with staff assistance on Wednesdays, prepare a side dish with staff assistance on Tuesdays, and to ID the reason for his A1C (shows average level of blood sugar over 3 months) lab.</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked if clients should assist in preparing their meals, the Area Director stated "Yes." When asked if staff should implement clients' ISP objectives for cooking and medication administration, the Area Director stated "Yes." When asked when clients' ISP objectives should be implemented, the Area Director stated "At every training opportunity." When asked if client #2 should be offered seconds and thirds during meals, the QIDP stated "Yes." When asked if client #2 could get his own drink or if he would need to be prompted and assisted by staff, both the Area Director and the LPN stated "He would have to be prompted and assisted by staff." Why asked if due to client #2's risk of dehydration should he have a drink available to him during</p>			<p>·Formal programming to be implemented for clients #1, #2 and #3 on participating in meal prep.</p> <p>·Formal programming to be implemented for client #3 regarding handwashing</p> <p>·The Program Director/QIDP will review all of the client's programming needs and revise the programming or implement additional programming as the needs arise.</p> <p>·The IDT has implemented 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.</p> <p>·Training completed with the staff regarding:</p> <p>·Following the client's dining plans and menus</p> <p>·Active treatment expectations- including competency testing</p> <p>·Completing formal programming documentation</p> <p>·Ensuring handwashing before meals and med pass</p> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <p>·The Program Director will monitor to ensure the clients</p>			

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	meals, the LPN stated "Yes." 9-3-4(a)			<p>plans and needs are being met during their bi-weekly observations.</p> <ul style="list-style-type: none"> ·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. ·Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to the Area Director for 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 medical needs, how to report incidents, diets and understanding of BSP's. <p>1.What is the date by which the systemic changes will be completed? July 21st, 2017</p>			
W 0252	483.440(e)(1)						

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Bldg. 00	<p>PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 1 of 2 sampled clients (#2), the facility staff failed to document client #2's weekly weights.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 6/19/17 at 11:13am. Client #2's 4/27/17 physician order's indicated "Weight every Wednesday at 8pm and enter the results in health tracking."</p> <p>Client #2's 2/17/17 ISP (Individualized Support Plan) indicated "[Client #2] is on a regular diet. His weight is monitored weekly due to him being so underweight. He is well below the BMI (body mass index) suggested weight for his height. He requires additional food at meals. He is required three times each day to drink a milkshake supplement, Mocha Mix, to increase his weight due to his small stature. He is also encouraged to have 2nd and 3rd servings of food in order to increase his weight. Most days [client #2] does not complete his meal, but will drink the shake instead of eating the meal. He has a dining plan that requires staff to monitor him throughout his meal.</p>			W 0252	<p>W 252 Program Documentation</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The nurse will monitor Client #2's health status documentation (including weights) at least weekly or more frequently as the needs arise. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Completing formal programming documentation ·Ensuring that staff are following the MAR/nursing measures ·Documenting health status information including weekly weights as outlined by risk plans and client MAR's. ·Client #2's risk plans 		07/21/2017

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	<p>Staff has to prompt him to slow down while he is eating and monitor him for signs of choking."</p> <p>Client #2's only documented weight on Therap (online reporting system) by staff was dated 3/10/17.</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked how often staff should be documenting client #2's weight, LPN stated "Weekly." When asked if staff are documenting client #2's weight, the LPN stated "This can be documented on the MAR's (Medication Administration Records). It is an area we should be better at."</p> <p>9-3-4(a)</p>			<p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The nurse will monitor Client #2's health status documentation (including weights) at least weekly or more frequently as the needs arise. ·The IDT has implemented 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. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Completing formal programming documentation ·Ensuring that staff are following the MAR/nursing measures ·Documenting health status information including weekly weights as outlined by risk plans and client MAR's. ·Client risk plans 			

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				<p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The nurse will monitor Client #2's health status documentation (including weights) at least weekly or more frequently as the needs arise. ·The IDT has implemented 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. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Completing formal programming documentation ·Ensuring that staff are following the MAR/nursing measures ·Documenting health status information including weekly weights as outlined by risk plans and client MAR's. ·Client risk plans <p>1.How will the corrective action be monitored to ensure the deficient practice will not</p>			

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				<p>recur?</p> <ul style="list-style-type: none"> ·The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations. ·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. ·Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to the Area Director for review. ·The nurse will monitor the clients health stats documentation to ensure protocols are being followed. ·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 medical needs, how to report incidents, diets and understanding of BSP's. 			

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W 0259 Bldg. 00	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 2 of 3 sampled clients (#1 and #2) the facility failed to update clients #1 and #2's CFAs (Comprehensive Functional Assessments) on an annual basis.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/15/17 at 1:30pm. Client #1's record indicated his CFA was last updated on 5/8/14.</p> <p>Client #2's record was reviewed on 6/19/17 at 11:13am. Client #2's record indicated his CFA was last updated on 3/3/15.</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked how often clients CFA's should be</p>		W 0259	<p>1.What is the date by which the systemic changes will be completed? July 21st, 2017</p> <p>W 259 Program Monitoring and Change</p> <p>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> ·The Program Director/QIDP will be retrained on the role and expectations of the QIDP. ·The Program Director/QIDP will complete training regarding the expectations for completing, reviewing and updating the comprehensive functional assessments at least yearly. ·Client #1 and #2's comprehensive functional assessments will be updated. 		07/21/2017	

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012			
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	<p>updated, the Area Director stated "At least yearly." When asked why clients #1 and #2's CFA's were not updated, the Area Director stated "With all of the changes we have had in PD's (QIDP's) it just fell through the cracks."</p> <p>9-3-4(a)</p>			<p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>·All residents have the potential to be affected by the same deficient practice. ·The Program Director/QIDP will be retrained on the role and expectations of the QIDP. ·The IDT has implemented 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. These staffings are led by the QIDP. ·The Program Director/QIDP will complete training regarding the expectations for completing, reviewing and updating the comprehensive functional assessments at least yearly. ·The Program Director/QIDP will review all of the client's comprehensive functional assessments and update them as their needs change but at least yearly.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient</p>			

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

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			<p>practice does not recur:</p> <ul style="list-style-type: none"> ·The Program Director/QIDP will be retrained on the role and expectations of the QIDP. ·The IDT has implemented 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. These staffings are led by the QIDP. ·The Program Director/QIDP will complete training regarding the expectations for completing, reviewing and updating the comprehensive functional assessments at least yearly. ·The Program Director/QIDP will review all of the client's comprehensive functional assessments and update them as their needs change but at least yearly. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> ·The IDT has implemented 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, 		

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W 0323 Bldg. 00	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>financial and adaptive equipment.</p> <ul style="list-style-type: none"> ·Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to the Area Director for review. ·The QIDP will monitor and review the resident's needs. As the needs arise, the comprehensive functional assessments will be updated (at least annually). ·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 medical needs, how to report incidents, diets and understanding of BSP's. <p>1.What is the date by which the systemic changes will be completed? July 21st, 2017</p>			

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	<p>Based on record review and interview for 3 of 3 sampled clients (#1, #2, and #3), the facility failed to ensure clients #1, #2, and #3 had their vision assessed.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/15/17 at 1:30pm. Client #1's record did not have an eye exam to review in his chart.</p> <p>Client #2's record was reviewed on 6/19/17 at 11:13am. Client #2's record indicated his last eye exam was completed on 5/16/14.</p> <p>Client #3's record was reviewed on 6/19/17 at 12:50pm. Client #3's record indicated his last eye exam was completed on 4/25/15.</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked if clients #1, #2, and #3 had recent eye exams, the LPN stated "I think we just got them completed. I'll have to look for the paperwork." The facility did not provide eye exams for clients #1, #2, and #3 to review.</p> <p>9-3-6(a)</p>			W 0323	<p>W 323 Physician Services</p> <p>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>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> ·The Program Director will be retrained on the appointment process expectations. ·The medical charts for the site have been reviewed by the nurse. ·The IDT has implemented 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. ·Clients #1, #2, and #3 all have vision appointments scheduled for 7-27-17. They have been placed on a cancellation list if an appointment arises sooner. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. 		07/21/2017

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				<p>·The Program Director will be retrained on the appointment process expectations.</p> <p>·The new Program Coordinator will be trained on appointment expectations once she starts.</p> <p>·The medical charts for all of the clients at the site have been reviewed by the nurse. Appointments have been scheduled if identified as needing a follow up.</p> <p>·The IDT has implemented 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.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>·The Program Director will be retrained on the appointment process expectations.</p> <p>·The new Program Coordinator will be trained on appointment expectations once she starts.</p> <p>·The medical charts for all of the clients at the site have been reviewed by the nurse. Appointments have been scheduled if identified as needing a follow up.</p> <p>·The IDT has implemented</p>			

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				<p>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.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> ·The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations. ·The IDT has implemented 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. ·Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to the Area Director for review. ·The nurse will complete chart audits to ensure that all required appointments and follow ups are completed as recommended. <p>1.What is the date by which the systemic changes will be completed? July 21st, 2017</p>			

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 3 of 3 sampled clients, the facility nursing staff failed to meet the nursing needs of clients #1, #2, and #3 in regards to the following:</p> <p>-Failed to ensure client #2 had a hypertension protocol. -Failed to ensure clients #1, #2, and #3 had annual eye exams</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 6/19/17 at 11:13am. Client #2's 4/27/17 physician order's indicated client #2 took Lisinopril 10mg (milligrams) for blood pressure.</p> <p>Client #2's record did not indicate he had a high blood pressure protocol to guide staff on when to contact the nurse in regards to client #2's blood pressure.</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked if client #2 had high blood</p>			W 0331	<p>W331 Nursing Services</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>1.What corrective action will be accomplished?</p> <p>·Client #1 now has a hypertension protocol. ·The Program Director will be retrained on the appointment process expectations. ·The medical charts for the site have been reviewed by the nurse. ·The IDT has implemented 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. ·Clients #1, #2, and #3 all have vision appointments scheduled for 7-27-17. They have been placed on a cancellation list if an appointment arises sooner. ·Staff have been trained on Client #1's hypertension protocol.</p>		07/21/2017

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	<p>pressure, the Area Director stated "Yes. He takes Lisinopril to control it." When asked if client #2 had a protocol for his high blood pressure, the LPN stated "No."</p> <p>2. The facility nursing staff failed to ensure clients #1, #2, and #3 had their vision assessed. Please see W323.</p> <p>9-3-6(a)</p>		<p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·Risk plans will be reviewed, implemented and revised by the nurse as necessary. ·As the client needs change the IDT will meet to address the concerns. Risk plans, comprehensive functional assessments and behavior plans will be revised as needed by the QIDP. ·The Program Director will be retrained on the appointment process expectations. ·The new Program Coordinator will be trained on appointment expectations once she starts. ·The medical charts for all of the clients at the site have been reviewed by the nurse. Appointments have been scheduled if identified as needing a follow up. ·The IDT has implemented 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. 				

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				<p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> ·Risk plans will be reviewed, implemented and revised by the nurse as necessary. ·As the client needs change the IDT will meet to address the concerns. Risk plans, comprehensive functional assessments and behavior plans will be revised as needed by the QIDP. ·The Program Director will be retrained on the appointment process expectations. ·The new Program Coordinator will be trained on appointment expectations once she starts. ·The medical charts for all of the clients at the site have been reviewed by the nurse. Appointments have been scheduled if identified as needing a follow up. ·The IDT has implemented 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. <p>1.How will the corrective action be monitored to ensure the deficient practice will not</p>			

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W 0362 Bldg. 00	483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview for		W 0362	<p>recur?</p> <ul style="list-style-type: none"> ·The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations. ·The IDT has implemented 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. ·Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to the Area Director for review. ·The nurse will complete chart audits to ensure that all required appointments and follow ups are completed as recommended. ·The nurse will complete a review of all of the client's risk plans to ensure that all necessary plans are developed. <p>1.What is the date by which the systemic changes will be completed?</p> <ul style="list-style-type: none"> ·July 21st, 2017 		07/21/2017	

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 06/21/2017	
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	<p>3 of 3 sampled clients (#1, #2, and #3), the facility failed to ensure clients #1, #2, and #3 had quarterly pharmacy reviews.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/15/17 at 1:30pm. Client #1's record indicated he had a pharmacy review completed in November 2016 and May 2017. Client #1's record did not indicate he had pharmacy reviews for August 2016 and February 2017.</p> <p>Client #2's record was reviewed on 6/19/17 at 11:13am. Client #2's record indicated he had a pharmacy review completed in November 2016 and May 2017. Client #2's record did not indicate he had pharmacy reviews for August 2016 and February 2017.</p> <p>Client #3's record was reviewed on 6/19/17 at 12:50pm. Client #3's record indicated he had a pharmacy review completed in November 2016 and May 2017. Client #3's record did not indicate he had pharmacy reviews for August 2016 and February 2017.</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When</p>		<p>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> ·Communication with the pharmacy has been completed regarding the request to ensure that quarterly pharmacy reviews are received by the nurse. ·Upon receiving the pharmacy reviews, the nurse will act upon any recommendations provided. ·The nurse will maintain a file of the quarterly pharmacy reviews. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·The IDT has implemented 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. ·Communication with the 				

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	<p>asked if the facility had pharmacy reviews for clients #1, #2, and #3 for the months of August 2016 and February 2017, the LPN stated "I'll have to call and have them sent to us." The facility did not provide pharmacy reviews for August 2016 and February 2017 for clients #1, #2, and #3.</p> <p>9-3-6(a)</p>			<p>pharmacy has been completed regarding the request to ensure that quarterly pharmacy reviews are received by the nurse.</p> <ul style="list-style-type: none"> ·Upon receiving the pharmacy reviews, the nurse will act upon any recommendations provided. ·The nurse will maintain a file of the quarterly pharmacy reviews. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> ·The IDT has implemented 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. ·Communication with the pharmacy has been completed regarding the request to ensure that quarterly pharmacy reviews are received by the nurse. ·Upon receiving the pharmacy reviews, the nurse will act upon any recommendations provided. ·The nurse will maintain a file of the quarterly pharmacy reviews. <p>1.How will the corrective action be monitored to ensure the deficient practice will not</p>			

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (#1, #2, and #3) and 2 additional clients (#4 and #5), the facility failed to conduct fire drills for each shift once per quarter.</p> <p>Finding include:</p>		W 0440	<p>recur?</p> <p>·The Pharmacy will provide a schedule of when the pharmacy reviews are to be completed so the nurse can ensure that they are received.</p> <p>·The IDT has implemented 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.</p> <p>·The nurse will complete chart audits to ensure that all required appointments and follow ups are completed as recommended.</p> <p>1.What is the date by which the systemic changes will be completed?</p> <p>·July 21st, 2017</p> <p>W 440 Evacuation Drills</p> <p>The facility must hold at least quarterly drills for each shift of personnel.</p> <p>1.What corrective action will be accomplished?</p>		07/21/2017	

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 06/21/2017	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012			
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	<p>Facility evacuation drills held at the group home where 3 of 3 sampled clients lived (clients #1, #2 and #3) and 2 of 2 additional clients lived (#4 and #5) for the past year were reviewed on 6/15/17 at 11:07am.</p> <p>The first shift fire drills were held on 4/10/17 at 7:31am and 7/9/16 at 1:17pm. There were no drills held on first shift between the months of January 2017 to March 2017 (1st quarter of 2017) and October 2016 to December 2016 (4th quarter 2016).</p> <p>The third shift fire drills were held on 3/9/17 at 1:10am, 9/18/16 at 3:51am, and 12/7/16 at 3:30am. There were no drills held on third shift between the months of April 2017 and June 2017 (2nd quarter 2017).</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked if the facility had drills for January 2017 to March 2017 (1st quarter of 2017) and October 2016 to December 2016 (4th quarter 2016) and April 2017 and June 2017 (2nd quarter 2017), the Area Director stated "I'll have to look." The facility did not provide drills to review.</p>				<p>·A schedule identifying when each emergency drill should be ran has been implemented.</p> <p>·The importance of ensuring emergency drills are ran each month for the appropriate time period will be completed at the staff meeting.</p> <p>·An emergency drill was completed on 7-14-17.</p> <p>·The Program Director will monitor the emergency drills monthly.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>·All residents have the potential to be affected by the same deficient practice.</p> <p>·A schedule identifying when each emergency drill should be ran has been implemented.</p> <p>·The Program Coordinator will receive training on the emergency drill tracking upon hire.</p> <p>·The importance of ensuring emergency drills are ran each month for the appropriate time period will be completed at the staff meeting.</p> <p>·Additional fire drills will be completed to ensure all staff knows how to run drills properly.</p> <p>·The Program Director will monitor the emergency drills monthly.</p>		

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	9-3-7(a)				<p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> ·A schedule identifying when each emergency drill should be ran has been implemented. ·The Program Coordinator will receive training on the emergency drill tracking upon hire. ·The importance of ensuring emergency drills are ran each month for the appropriate time period will be completed at the staff meeting. ·Additional fire drills will be completed to ensure all staff knows how to run drills properly. ·The Program Director will monitor the emergency drills monthly. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> ·The Program Coordinator will monitor staff daily when they are in the home. ·The Program Director will monitor on a regular basis when they are in the home and during monthly supervisory visits. ·The Area Directors will monitor as they complete their audits. 		

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W 0454 Bldg. 00	<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 and interview for 3 of 3 sampled clients (#1, #2, and #3) and for 2 additional clients (#4 and #5), the facility failed to ensure the table was sanitized before setting the table for dinner.</p> <p>Findings include:</p> <p>During the 6/14/17 observation period between 4:30pm and 6:30pm clients #1, #2, #3, #4 and #5 completed their evening routines. At 5:24pm client #1 came into the kitchen and sat down at the table. He laid his hair net down on the kitchen table. Staff #3 asked client #1 if that was hair on the table. Client #1 told her it was his hair net and picked it up off the table. At 5:45pm client #5 had magnets and craft paper out on the table making himself a name tag. Staff #3 brought the pizza to the table and the</p>		W 0454	<p>·The Quality Assurance Specialist will monitor as they complete their audits.</p> <p>1.What is the date by which the systemic changes will be completed? July 21st, 2017</p> <p>W 454 Infection Control</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>1.What corrective action will be accomplished?</p> <p>·The Program Director/QIDP will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</p> <p>·Training completed with the staff regarding:</p> <ul style="list-style-type: none"> ·Ensuring the table is washed off before setting. ·Ensuring that the table is rewashed prior to eating when items such as brushes and hair nets are put on the table. ·Formal programming will be 		07/21/2017	

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012			
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	<p>clients sat down to eat. The table was not wiped down before pizza was served on the table.</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked if the table should be sanitized before serving dinner on it, the Area Director stated "Yes."</p> <p>9-3-7(a)</p>			<p>implemented for Client #1 regarding proper disposal of his hair net.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·The Program Director/QIDP will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Ensuring the table is washed off before setting. ·Ensuring that the table is rewashed prior to eating when items such as brushes and hair nets are put on the table. ·The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified needs. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p>			

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					<p>·The Program Director/QIDP will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</p> <p>·Training completed with the staff regarding:</p> <p>·Ensuring the table is washed off before setting.</p> <p>·Ensuring that the table is rewashed prior to eating when items such as brushes and hair nets are put on the table.</p> <p>·The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified needs.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <p>·The Program Director/QIDP will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</p> <p>·The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</p> <p>·The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented.</p>		

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W 0455 Bldg. 00	<p>483.470(I)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2, and #3), the facility failed to ensure clients #1, #2, and #3 washed their hands before sitting down for dinner.</p> <p>Findings include:</p> <p>During the 6/14/17 observation period between 4:30pm and 6:30pm clients #1, #2 and #3 completed their evening routines. At 5:08pm staff #3 was taking frozen pizzas out of their boxes and put them in the oven. At 5:24pm staff #3 took the pizza out of the oven and cut it up into slices. At 5:39pm staff #3 cut up fruit for dinner. Clients #1 and #3 were both watching staff #3 cut up the fruit but were not prompted to help. At 5:45pm staff #1 took the pizza to the table and put the second pizza in the oven. Staff #1 put 2 pieces of pizza of client #2's plate for him. Staff #1 put 2 pieces of</p>		W 0455	<p>1.What is the date by which the systemic changes will be completed? July 21st, 2017</p> <p>W 455 Infection Control</p> <p>There must be an active program for the prevention, control and investigation of infection and communicable diseases.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> ·The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The Program Director/QIDP will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Encouraging the clients to wash their hands before eating. ·Formal programming will be implemented for Clients #1, #2, 		07/21/2017	

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	<p>pizza on client #1's plate for him. At 6:00pm clients sat down to eat dinner. Clients #1, #2, and #3 did not wash their hands before sitting down to eat. At 6:00pm staff #3 put a scoop of watermelon and cantaloupe on client #2's plate.</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked if clients should wash their hands before sitting down to eat, all three stated "Yes."</p> <p>9-3-7(a)</p>		<p>#3 regarding washing her hands before eating.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·The Program Director/QIDP will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Encouraging the clients to wash their hands before eating. ·The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified needs. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> ·The Program Director/QIDP will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being 				

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012			
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W 0460	483.480(a)(1)			<p>met.</p> <ul style="list-style-type: none"> ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Encouraging the clients to wash their hands before eating. ·The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified needs. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> ·The Program Director/QIDP will monitor to ensure the clients plans and needs are being met during their bi-weekly observations. ·The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations. ·The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented. <p>1.What is the date by which the systemic changes will be completed? July 21st, 2017</p>			

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012			
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Bldg. 00	<p>FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2, and #3) and 2 additional clients (#4 and #5), the facility failed to ensure that all items on the menu were provided during their evening meal.</p> <p>Findings include:</p> <p>During the 6/14/17 observation period between 4:30pm and 6:30pm clients #1, #2 and #3 completed their evening routines. At 5:08pm staff #3 was taking frozen pizzas out of their boxes and put them in the oven. At 5:24pm staff #3 took the pizza out of the oven and cut it up into slices. At 5:39pm staff #3 cut up fruit for dinner. Clients were served 2 pieces of pizza, watermelon, and cantaloupe. Clients #1, #2, and #3 were not served substitutes for the sweet potato fries and the 1 cup green beans.</p> <p>The undated spring/summer posted menu in the home was reviewed on 6/14/17 at 5:45pm. The posted menu indicated clients should have been served "3oz (ounces) chicken, 1 cup sweet potatoes fries, 1cup green beans, 1 slice whole wheat bread, 1 teaspoon margarine, 1/3 cup pineapple in natural juice with</p>		W 0460	<p>W 460 Food and Nutrition Services</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Client's #1, #2 and #3 diets ·Following the menus ·Use of the food substitution logs <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·The Program Director will do home observations bi-weekly to ensure staff are implementing the 		07/21/2017	

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 06/21/2017	
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	<p>banana slices, 1 cup water, 1 cup skim or 2% milk, and 1 to 12 oz. Sugar free punch".</p> <p>An interview with staff #14 was conducted on 6/15/17 at 5:42am. When asked if the home should follow a menu, staff #14 stated "Yes." When asked how they make substitutions on the menu, staff #14 stated "We try to find a substitution that is close to it (menu item) and write down what you substitute and why."</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked if staff should make meal substitutions that equal the nutritional value of the menu provided both the Area Director and the QIDP both said "Yes."</p> <p>9-3-8(a)</p>		<p>plans of clients and the client's needs are being met.</p> <ul style="list-style-type: none"> ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Client's diets ·Following the menus ·Use of the food substitution logs ·Upon hire the Program Coordinator will be trained on how to follow dietary guidelines for the residents, menus for the group home, shopping according to the menus, using the food substitution logs, and ensuring there is enough food in the home. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Client's diets ·Following the menus ·Use of the food substitution logs ·Upon hire the Program Coordinator will be trained on how to follow dietary guidelines for the residents, menus for the group home, shopping according to the menus, using the food 				

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				<p>substitution logs, and ensuring there is enough food in the home.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> ·The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations. ·The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations. ·Mentor's nurse will be in the home on a weekly basis or more frequently as needed to monitor for concerns and assess residents. ·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. ·Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to the Area Director for 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 			

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2, and #3), the facility failed to ensure clients were involved in all aspects of meal preparation and training.</p> <p>Findings include:</p> <p>During the 6/14/17 observation period between 4:30pm and 6:30pm clients #1, #2 and #3 completed their evening routines. At 5:08pm staff #3 was taking frozen pizzas out of their boxes and put them in the oven. At 5:24pm staff #3</p>		W 0488	<p>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 medical needs, how to report incidents, diets and understanding of BSP's.</p> <p>1.What is the date by which the systemic changes will be completed? July 21st, 2017</p> <p>W 488 Dining Areas and Service</p> <p>The facility must ensure that each client eats in a manner consistent with his or her developmental level.</p> <p>1.What corrective action will be accomplished?</p> <p>The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's</p>		07/21/2017	

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	<p>took the pizza out of the oven and cut it up into slices. At 5:39pm staff #3 cut up fruit for dinner. Clients #1 and #3 were both watching staff #3 cut up the fruit but were not prompted to help. At 5:45pm staff #1 took the pizza to the table and put the second pizza in the oven. Staff #1 put 2 pieces of pizza on client #2's plate for him. Staff #1 put 2 pieces of pizza on client #1's plate for him. At 6:00pm clients sat down to eat dinner. At 6:00pm staff #3 put a scoop of watermelon and cantaloupe on client #2's plate.</p> <p>Client #1's record was reviewed on 6/15/17 at 1:30pm. Client #1's 6/15/17 ISP (Individualized Support Plan) indicated he had formal objectives to prepare a meal with staff on Saturdays, prepare a side dish with staff on Fridays and to prepare a breakfast with staff on Saturday.</p> <p>Client #2's record was reviewed on 6/19/17 at 11:13am. Client #2's 2/17/17 ISP indicated he had formal objectives to prepare a breakfast with staff on Fridays and to prepare a side dish with staff on Thursdays.</p> <p>Client #3's record was reviewed on 6/19/17 at 12:50pm. Client #3's 9/12/16 ISP indicated client #3 had formal</p>		<p>needs are being met.</p> <ul style="list-style-type: none"> ·Training completed with the staff regarding: ·Active treatment expectations (competency test provided) ·The IDT has implemented 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. ·Formal programming to be implemented for clients #1, #2 and #3 on participating in meal prep. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·Training completed with the staff regarding: ·Active treatment expectations (competency test provided) ·The IDT has implemented monthly staffings to ensure that 				

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	<p>objectives to prepare a breakfast with staff assistance on Wednesdays, prepare a meal with staff assistance on Wednesdays and prepare a side dish with staff assistance on Tuesdays.</p> <p>An interview with the Area Director, the QIDP (Qualified Intellectual Disabilities Professional), and the LPN was conducted on 6/19/17 at 2:41pm. When asked if clients should participate in meal preparations, all three stated "Yes."</p> <p>9-3-8(a)</p>			<p>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.</p> <p>·The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified needs.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</p> <p>·Training completed with the staff regarding:</p> <p>·Active treatment expectations (competency test provided)</p> <p>·The IDT has implemented 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.</p> <p>·The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified</p>			

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				<p>needs.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> ·The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations. ·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. ·The IDT has implemented 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. ·Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to the Area Director for review. ·The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented. ·Quarterly Health and Safety assessments will be completed by the Program Coordinator 			

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

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				<p>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 medical needs, how to report incidents, diets and understanding of BSP's.</p> <p>1.What is the date by which the systemic changes will be completed? July 21st, 2017</p>			