

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  02/11/2022
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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 predetermined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Dates of Survey: February 7, 8, 9, and 11, 2022.</p> <p>Facility Number: 000869 Provider Number: 15G353 AIMS 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 2/23/22.</p>	W 0000		
W 0259  Bldg. 00	<p>483.440(f)(2) PROGRAM MONITORING &amp; 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 (clients #2 and #3), the facility failed to ensure client #2 and #3's IPPOs (Individual Plans of Protective Oversight) were reviewed annually.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 2/8/22 at 11:30 AM. Client #2's record indicated an IPPO dated 5/13/20. Client #2's record did not indicate documentation of a current IPPO.</p> <p>Client #3's record was reviewed on 2/8/22 at 9:48 AM. Client #3's record indicated an IPPO dated</p>	W 0259	<ul style="list-style-type: none"> <li>· Clients #2 and 3 IPOP's will be updated.</li> <li>· Training will be completed with the Program Director regarding: <ul style="list-style-type: none"> <li>o Expectations for ensuring the IPOP's are updated yearly.</li> <li>o Timeliness expectations for updating the IPOP's.</li> </ul> </li> <li>· 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,</li> </ul>	03/12/2022

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 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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W 0323 Bldg. 00	<p>3/2/18. Client #3's record did not indicate documentation of a current IPPO.</p> <p>PD (Program Director) #1 was interviewed on 2/9/22 at 11:52 AM. PD #1 indicated client #2 and #3's IPPOs needed to be updated. PD #1 stated, "[Client #3's] IST (Individual Support Team) meeting was scheduled for 2/11/22, and we will get his IPPO updated."</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(i) 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>Based on record review and interview for 1 of 3 sampled clients (client #2), the facility failed to ensure client #2 had a current hearing evaluation.</p> <p>Findings include:</p>	W 0323	<p>medical, workshop/day services, financial and adaptive equipment. These staffings are led by the QIDP.</p> <ul style="list-style-type: none"> <li>· The QIDP will update/revise the IPOP's as necessary to be sure they are current and up to date for all individuals.</li> <li>· The Program Director/QIDP will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· 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.</li> <li>· The AD will monitor the IPOP's to ensure that the Program Director/QIDP is monitoring and updating as necessary.</li> </ul> <p>· Training with the Program Supervisor and Program Director regarding:</p> <ul style="list-style-type: none"> <li>o Expectations regarding completing required and recommended medical</li> </ul>	03/12/2022	

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	<p>Client #2's record was reviewed on 2/8/22 at 11:30 AM. Client #2's record did not indicate documentation of a current hearing examination.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 2/9/22 at 11:52 AM. LPN #1 was asked about client #2's hearing examination. LPN #1 indicated she could not locate documentation of a current hearing examination for client #2.</p> <p>9-3-6(a)</p>		<p>appointments.</p> <ul style="list-style-type: none"> <li>· Training with the Nurse by the Director of Nursing regarding: <ul style="list-style-type: none"> <li>o Expectations regarding completing required and recommended medical appointments.</li> </ul> </li> <li>· A referral has been requested from Client #2's PCP for hearing evaluations. Appointments will be scheduled and completion upon receiving the referral.</li> <li>· 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.</li> <li>· The medication charts for all Clients #1-#8 will be completed to ensure there are no outstanding medical appointments. In the event there are outstanding appointments, appointments will be scheduled to rectify.</li> <li>· 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.</li> <li>· Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality</li> </ul>	

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

PRINTED: 03/16/2022  
FORM APPROVED  
OMB NO. 0938-039

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			Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP, medical appointments and client specific training for the residents. · The nurse will monitor medical needs when she is in the home and/or day services at least weekly.		