

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 10/08/2019
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 post-certification revisit survey (PCR) to the recertification and state licensure survey completed 8/21/19.</p> <p>Dates of Survey: October 7 and 8, 2019.</p> <p>Facility Number: 000869 Provider Number: 15G353 AIM Number: 100244230</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed October 17, 2019 by #09182.</p>	W 0000		
W 0365 Bldg. 00	<p>483.460(j)(4) DRUG REGIMEN REVIEW</p> <p>An individual medication administration record must be maintained for each client. Based on record review and interview for 2 of 3 sampled clients (#1 and #3) and 2 additional clients (#5 and #6), the facility failed to ensure the MAR (medication administration record) was maintained.</p> <p>Findings include:</p> <p>On 10/7/19 at 12:30 PM, the MAR for 9/21/19-9/30/19 and 10/1/19-10/7/19 for clients #1, #3, #5 and #6 was reviewed and indicated the following:</p> <p>1. Client #1's September 2019 MAR contained blank boxes indicating staff did not sign indicating the medication was administered on</p>	W 0365	<ul style="list-style-type: none"> ·Training completed with the staff regarding: ·Medication administration expectations ·Documentation expectations ·Consequences of failing to document on the MAR ·Notifying the PS when the batteries need replaced in the glucometer ·Importance of ensuring Client #3's blood sugar readings are taken and documented ·Staff who continue to make medication documentation errors 	11/07/2019

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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	<p>9/28/19 at 4:00 PM and from 9/27/19-9/28/19 at 7:00 PM.</p> <p>Client #5's September 2019 MAR contained blank boxes indicating staff did not sign indicating the medication was administered on 9/28/19 at 4:00 PM.</p> <p>Client #6's October 2019 MAR contained blank boxes indicating staff did not sign indicating the medication was administered from 10/4/19-10/6/19 at 7:00 PM.</p> <p>On 10/7/19 at 2:45 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD and RN indicated the MAR should be completed as medications are administered and there shouldn't be any blank boxes on the MAR. The AD indicated the group home staff were retrained on documentation on 9/6/19. The AD stated the PS (Program Supervisor) was responsible for checking the MAR for blank spots "at least three times a week". The AD indicated the group home staff needed additional training on completing the MAR.</p> <p>On 10/7/19 at 4:15 PM, staff #2 was interviewed and indicated the blanks on the MAR were from staff not signing for the medication indicating the medication was administered. Staff #2 indicated there shouldn't be any blanks on the MAR. Staff #2 indicated the group home staff were trained on medication administration and documentation in September 2019.</p> <p>On 10/7/19 at 5:00 PM, the PS (Program Supervisor) was interviewed. The PS indicated there should not be blank spots on the MAR. The PS indicated she was responsible for checking the MAR at least once a week for holes.</p>		<p>will be subject to disciplinary action.</p> <ul style="list-style-type: none"> · The staff person responsible for the majority of the documentation errors password was reset in Therap so he has access again. · Paper MAR's are available in the home in the event that staff cannot access Therap to document · The Program Supervisor will review the MAR every 2 days to ensure the documentation is completed properly · The nurse will review the MAR weekly to ensure documentation is completed · The Program Supervisor will complete a weekly checklist that includes listing the concerns found while checking the MAR. · The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met. · 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 	

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	<p>The PS indicated the group home staff were trained on 9/6/19 on documentation.</p> <p>2. Client #3's September 2019 and October 2019 MAR's did not include documentation of client #3's blood sugar levels twice daily as indicated on the MAR. Group home staff initialed the MAR twice daily in September 2019 indicating the blood sugar was tested, however, the group home staff did not enter the blood sugar levels each time client #3's blood sugar was tested. From 10/1/19-10/7/19 there was a M/R (missing/refused) documented for the blood sugar reading on the MAR. There was no documentation indicating client #3's blood sugar levels were completed in October 2019.</p> <p>On 10/7/19 at 2:15 PM, the RN (Registered Nurse) was interviewed. The RN indicated client #3's blood sugar was tested twice a day and staff should document the level on the MAR. The RN indicated client #3 did his blood sugar checks independently with staff supervision. The RN indicated she wasn't sure why client #3's blood sugar levels hadn't been done so far this month.</p> <p>On 10/7/19 at 2:45 PM, the AD (Area Director) and the RN were interviewed. The AD and RN indicated the MAR should be completed as medications are administered and there shouldn't be any blank boxes on the MAR. The AD indicated the group home staff were retrained on documentation on 9/6/19. The AD stated the PS (Program Supervisor) was responsible for checking the MAR for blank spots "at least three times a week". The AD indicated the group home staff needed additional training on completing the MAR.</p> <p>On 10/7/19 at 3:55 PM, client #3 was interviewed.</p>		<p>review.</p> <ul style="list-style-type: none"> The nurse will complete monthly med practicums with at least 2 staff to monitor for medication procedure compliance for the next 2 months. The Program Supervisor will complete monthly med practicums with at least 1 staff to monitor for medication procedure compliance. The Program Supervisor will turn in copies of the weekly checklists to the Program Director for review. 	

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	<p>Client #3 indicated he did his own blood sugar checks with supervision from staff twice a day. Client #3 stated his machine had not been working for "several days" because the batteries were dead. Client #3 indicated he did not tell anyone until today on the way home from work. Client #3 was able to verbalize the side effects of low and high blood sugar and stated he felt as though his blood sugar levels had been "fine". Client #3 indicated the PS changed the batteries when they arrived home from work and his blood sugar machine was working.</p> <p>On 10/7/19 at 4:15 PM, staff #2 was interviewed and indicated the blanks on the MAR were from staff not signing for the medication indicating the medication was administered. Staff #2 indicated there shouldn't be any blanks on the MAR. Staff #2 indicated the group home staff were trained on medication administration and documentation in September 2019.</p> <p>On 10/7/19 at 4:40 PM, staff #2 was interviewed and indicated client #3's blood sugar was checked twice a day. Staff #2 indicated another staff reported to him the blood sugar machine wasn't working on Saturday or Sunday and he didn't report it to anyone. Staff #2 stated, "I didn't report it because I figured the staff that reported it to me reported it to someone. I probably should have reported it".</p> <p>On 10/7/19 at 5:00 PM, the PS was interviewed. The PS indicated there should not be blank spots on the MAR. The PS indicated she was responsible for checking the MAR at least once a week for holes. The PS indicated the group home staff were trained on 9/6/19 on documentation. The PS indicated client #3's blood sugar should be tested twice a day and staff should be</p>			

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	<p>documenting the blood sugar reading each time. The PS indicated client #3 told her on the way home from work today his blood sugar machine had not been working and it was giving an error code. The PS indicated the batteries were dead and she had extra batteries in her desk. The PS indicated the blood sugar machine was working now. The PS indicated the group home staff had not reported the batteries were dead.</p> <p>This deficiency was cited on 8/21/19. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-6(a)</p>			