STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G353	A. BUILDING 00 B. WING	10/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM OCCAZIO LLC	1012 PARKWAY DR ANDERSON, IN 46012

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W 0000 Bldg. 00	This visit was for the investigation of complaint #IN00212435. Complaint #IN00212435: Substantiated, federal/state deficiencies related to the allegation are cited at W186 and W249. Dates of Survey: 10/11, 10/12, 10/13, and 10/14/2016. Facility Number: 000869 Provider Number: 15G353 AIMS Number: 100244230 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/28/16.	W 0000		
W 0186 Bldg. 00	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on observation, record review, and interview, for 3 of 3 sampled clients	W 0186	**W 186 Direct Care Staff** The facility must provide sufficient direct care staff to manage and	11/13/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	(clients A, B, and C) and 5 additional clients (clients D, E, F, G, and H), the facility failed to provide sufficient staff at the group home to supervise clients A, B, C, D, E, F, G, and H based on the clients' identified needs. Findings include: Observations and interviews were conducted at the group home on 10/11/16 from 6:25pm until 6:55pm. During the observation period clients A and B walked throughout the group home. During the observation period clients A and B retrieved items from the kitchen cabinets and the hallway shelves without GHS (Group Home Staff) #1 being present. During the observation period there was a twelve inch (12") metal screw driver (unsecured sharp object) on the hallway shelf at eye level. During the observation period clients A, B, C, D, E, F, G, and H walked to access the group home living room, dining room, kitchen, hallways, bathrooms, and each individual personal bedroom. One staff, GHS (Group Home Staff) #1 was present with eight clients (clients A, B, C, D, E, F, G, and H). Clients A, B, C, D, E, F, G, and H washed dishes, swept the floors, mopped the floors, put away food in the refrigerator, and had their medications administered by GHS (Group Home		supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24 hour period for each defined residential living unit. **1. What corrective action will be accomplished?** · The schedule for the group home has been revised to better meet the needs of the clients in the home. · At least two staff will be on duty to meet identified resident needs during high peak times at the group home (during waking hours?). · The staff schedule for the group home will be turned into the Program Director weekly to ensure that there is enough staffing supports for the home. · Training will be completed with the Program Director and Program Coordinator specific to expected staffing patterns, schedules and how the patterns are intended to support the needs of the clients. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice. · 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.	

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	Staff) #1. At 6:25pm, GHS #2 stated there were "usually at least 2 to 3 staff and sometimes" four staff working on duty at the group home during the evening hours. At 6:55pm, GHS #1 indicated she was the only staff present on duty at the group home. GHS #1 indicated the second staff had left before the surveyor arrived at the group home. Client A's record was reviewed on 10/14/16 at 10:30am. Client A's 12/4/15 ISP (Individual Support Plan) and 12/2015 BSP (Behavior Support Plan) indicated client A needed locked sharps because of his behaviors and needed staff supervision twenty-four hours a day. Client B's record was reviewed on 10/14/16 at 2:00pm. Client B's 8/5/16 ISP and 8/2016 BSP both indicated client B had threats of harm with sharp objects in the past and sharp objects should be kept locked/secured at the group home. Client B's records indicated he needed staff supervision twenty-four hours a day. Client C's record was reviewed on 10/14/16 at 11:15am. Client C's 7/27/16 ISP (Individual Support Plan indicated he needed staff supervision twenty-four hours a day. On 10/13/16 at 12:35pm, an interview		· 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. · New staff recruiting ideas are being explored and implemented to try to decrease the staffing shortage. · The schedule for the group home has been revised to better meet the needs of the clients in the home and to assist with attracting additional staff. · At least two staff will be on duty to meet the resident needs during high peak times at the group home. · The staff schedule for the group home will be turned into the Program Director weekly to ensure that there is enough staffing supports for the home. · Training will be completed with the Program Director and Program Coordinator to review staffing patterns, schedules and how the patterns are set to meet the needs of the clients. · Interviewing of potential staff is being completed at least weekly during open interviews, or more frequently as applications are available. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:**	

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	with the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) #2 was conducted. PD/QIDP #2 stated clients A, B, C, D, E, F, G, and H were to have been "supervised by two (2) to three (3) staff" present on duty at the group home "each evening." PD/QIDP #2 indicated clients A and B were to have been supervised by staff due to behaviors with sharp objects and the sharp objects should have been locked. PD/QIDP #2 stated clients A, B, C, D, E, F, G, and H should have been supervised during waking hours by "at least two to three staff." PD/QIDP #2 stated there "was not enough staff at the group home to meet the clients supervision needs." On 10/13/16 at 10:15am, an interview with AD (Area Director) #2 was conducted. AD #2 indicated no further information was available for review. AD #2 stated "at least two to three" facility staff should have been on duty at the group home to supervise clients A, B, C, D, E, F, G, and H. AD #2 indicated the facility was experiencing a staff shortage at this time. AD #2 indicated the group home did not have enough staff to supervise the clients based on their identified needs. On 10/14/16 at 9:30am, a review of the		· 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 will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · New staff recruiting ideas are being explored and implemented to try to decrease the staffing shortage. · The schedule for the group home has been revised to better meet the needs of the clients in the home and to assist with attracting additional staff. · At least two staff will be on duty to meet the resident needs during high peak times at the group home. · The staff schedule for the group home will be turned into the Program Director weekly to ensure that there is enough staffing supports for the home. · Training will be completed with the Program Director and Program Coordinator to review staffing patterns, schedules and how the patterns are set to meet the needs of the clients. · Interviewing of potential staff is being completed at least weekly during open interviews, or more frequently as applications are available. **4. How will the corrective action be monitored to ensure the**	

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	facility's staff schedule from 10/9/16 through 10/14/16 was conducted. The schedule indicated one staff was scheduled each day for the evening hours from 2:00pm until 7:00pm and from 8:00pm until 6:30am for 10/9/16, 10/10/16, 10/11/16, 10/12/16, and 10/13/16. This federal tag relates to complaint #IN00212435. 9-3-3(a)		**deficient practice will not recur?** · 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. · The HR department is monitoring the number of applications available to be interviewed. · The HR department is monitoring the effectiveness of the recruitment strategies being attempted to increase the applicant pool. · The Program Director will monitor the staffing schedules created by the Program Coordinator to ensure that there is adequate staff scheduled to meet the client needs for the home. **5. What is the date by which the systemic changes will be completed?** November 13th, 2016	
W 0249 Bldg. 00	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. Based on observation, interview, and	W 0249	**W 249 Program Implementation**	11/13/2016

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	record review, for 2 of 8 clients living in the group home (clients A and B), the facility failed to ensure clients A and B's BSPs (Behavior Support Plans) were implemented to secure locked sharps when not in direct staff supervision for clients A and B. Findings include: Observations and interviews were conducted at the group home on 10/11/16 from 6:25pm until 6:55pm. During the observation periods clients A and B walked throughout the group home. During the observation period clients A and B retrieved items from the kitchen cabinets and the hallway shelves without GHS (Group Home Staff) #1 being present. During the observation period there was a twelve inch (12") metal screw driver (unsecured sharp object) on the hallway shelf at eye level. On 10/11/16 at 6:55pm, GHS (Group Home Staff) #1 indicated sharp objects were kept locked inside the medication room. GHS #1 indicated a metal screw driver was considered a sharp object and should be locked. GHS #1 indicated there was a screw driver at eye level on the hallway shelf next to the lunch boxes for clients A and B. GHS #1 indicated the group home was to keep sharp objects		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. **1. What corrective action will be accomplished?** · 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 will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · All sharp objects will be appropriately locked. · Training completed with the staff regarding: o Ensuring sharps are appropriately locked (including knives, screw drivers, meat/water thermometers, food processor blades, etc.) o Client A and B's BSP will be reviewed as it relates to the need to ensure sharps are locked. · The Behavior Clinician will complete monthly observations or more frequent based on the client's behavioral support needs to ensure staff is implementing the behavior plan appropriately and that the plan is still effective.	

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	secured because of clients A and B's behaviors and threats with knives. Client A's record was reviewed on 10/14/16 at 10:30am. Client A's 12/4/15 ISP (Individual Support Plan) and 12/2015 BSP (Behavior Support Plan) indicated client A "has indicated on numerous occasions that he can make a weapon to harm himself with just about any materials provided to him. Most of his threats to cut himself though center around him using knives or pop cans. This has forced staff to lock all of the sharps and pop cans within the home." Client A's ISP indicated client A "can be very intimidating toward others" and included threats with a gun and/or weapon. Client A's 11/21/15 BSP (Behavior Support Plan) indicated the need for locked sharps inside the group home and targeted behaviors of physical aggression, verbal aggression, self injurious behavior, and intimidation. Client B's record was reviewed on 10/14/16 at 2:00pm. Client B's 8/5/16 ISP and 8/2016 BSP both indicated client B had threats of harm with sharp objects in the past and sharp objects should be kept locked/secured at the group home. On 10/13/16 at 12:35pm, an interview with PD/QIDP (Program		**2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice. · 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 will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · All sharp objects will be appropriately locked. · Training completed with the staff regarding: o Ensuring sharps are appropriately locked (including knives, screw drivers, meat/water thermometers, food processor blades, etc.) · The Behavior Clinician will complete monthly observations or more frequent based on the client's behavioral support needs to ensure staff is implementing the behavior plan appropriately and that the plan is still effective. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · The Program Coordinator will	

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	Director/Qualified Intellectual Disabilities Professional) #2 was conducted. PD/QIDP #2 stated facility staff should have ensured that "all" sharps were kept secured and locked when not directly supervised by the facility staff. PD/QIDP #2 indicated the unsecured sharps should not have been left unsecured on the hallway shelf. PD/QIDP #2 indicated clients A and B had the identified need for locked sharps to ensure their safety. On 10/13/16 at 10:15am, an interview with AD (Area Director) #2 was conducted. The AD indicated no further information was available for review. This federal tag relates to complaint #IN00212435. 9-3-4(a)		do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · 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. · All sharp objects will be appropriately locked. · Training completed with the staff regarding: o Ensuring sharps are appropriately locked (including knives, screw drivers, meat/water thermometers, food processor blades, etc.) · The Behavior Clinician will complete monthly observations or more frequent based on the client's behavioral support needs to ensure staff is implementing the behavior plan appropriately and that the plan is still effective. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · 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. · The Behavior Clinician will complete monthly observations or more frequent based on the client's behavioral support needs to ensure staff is implementing the behavior	

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			plan appropriately and that the plan is still effective. · 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. **5. What is the date by which the systemic changes will be completed?** November 13th, 2016	