

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

PRINTED: 08/23/2017  
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 PCR (Post Certification Revisit) to the PCR completed on 2/6/17 to the investigation of complaint #IN00212435 completed 10/14/16.</p> <p>This visit was in conjunction with the pre-determined full recertification and state licensure survey.</p> <p>This visit was in conjunction with the PCR to the investigation of complaint #IN00218531 completed on 2/6/17.</p> <p>Complaint #IN00212435: Not Corrected.</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>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/7/17.</p>			W 0000			
W 0249	483.440(d)(1) PROGRAM IMPLEMENTATION						

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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Bldg. 00	<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>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 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</p>		W 0249	<p><b>W 249 Program Implementation</b></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><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>·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.</li> <li>·Formal programming to be implemented for clients #1, #2 and #3 on participating in meal prep.</li> <li>·Formal programming to be implemented for client #3 regarding handwashing</li> <li>·Training completed with the staff regarding:</li> <li>·Following the client's dining</li> </ul>		07/21/2017	

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	<p>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 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</p>				<p>plans and menus</p> <ul style="list-style-type: none"> <li>·Active treatment expectations- including competency testing</li> <li>·Completing formal programming documentation</li> <li>·Ensuring handwashing before meals and med pass</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>·All residents have the potential to be affected by the same deficient practice.</li> <li>·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.</li> <li>·Formal programming to be implemented for clients #1, #2 and #3 on participating in meal prep.</li> <li>·Formal programming to be implemented for client #3 regarding handwashing</li> <li>·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.</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</li> </ul>		

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	<p>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>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>needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</p> <ul style="list-style-type: none"> <li>·Training completed with the staff regarding: <ul style="list-style-type: none"> <li>·Following the client's dining plans and menus</li> <li>·Active treatment expectations- including competency testing</li> <li>·Completing formal programming documentation</li> <li>·Ensuring handwashing before meals and med pass</li> </ul> </li> </ul> <p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>·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.</li> <li>·Formal programming to be implemented for clients #1, #2 and #3 on participating in meal prep.</li> <li>·Formal programming to be implemented for client #3 regarding handwashing</li> <li>·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.</li> <li>·The IDT has implemented</li> </ul>				

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	<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 meals, the LPN stated "Yes."</p> <p>This deficiency was cited on 10/14/16 and 2/6/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00212435.</p> <p>9-3-4(a)</p>		<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> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>· Following the client's dining plans and menus</li> <li>· Active treatment expectations- including competency testing</li> <li>· Completing formal programming documentation</li> <li>· Ensuring handwashing before meals and med pass</li> </ul> </li> </ul> <p><b>1. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</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, BSP's, programming, and medication review.</li> <li>· Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to</li> </ul>				

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					<p>the Area Director for review.</p> <p>·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> <p><b>1.What is the date by which the systemic changes will be completed?</b> July 21st, 2017</p>		