PRINTED: 02/12/2021

	T OF HEALTH AND HU R MEDICARE & MEDIC						FORM APPROVED OMB NO. 0938-0391	
	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353	r í	UILDING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/13/2021		
	PROVIDER OR SUPPLIE	R		1012 P	ADDRESS, CITY, STATE, ZIP CODE ARKWAY DR RSON, IN 46012			
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE	
W 0000								
Bldg. 00	recertification and visit included a Co control survey. Dates of Survey: Jacobs Facility Number: Operating Number: AIMS Number: 10 These deficiencies accordance with 40 Quality Review of	15G353 0244230 also reflect state findings in 60 IAC 9. this report completed by	W	0000				
W 0149 Bldg. 00	The facility must written policies at mistreatment, ne Based on observati interview for 1 of 3 the facility failed to their policies and p	ENT OF CLIENTS develop and implement and procedures that prohibit glect or abuse of the client. son, record review, and a sampled clients (client #1), be ensure implementation of procedures to prevent multiple and client #1, to ensure	W)149	·Staff training will review: ·IN Mentor's policy regarding abuse, neglect and exploitation ·Elopement concerns will	be	02/12/2021	

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

completion of a thorough investigation into

multiple elopements involving client #1, and to ensure client #1's BSP (Behavioral Support

Plan), with enhanced supervision protocol was

Observations were conducted at the group home

on 1/5/21 from 10 AM through 12:56 PM and on

1/5/21 from 2:45 PM through 5:22 PM. Upon

followed as written.

Findings include:

TITLE

investigations to determine if

investigated as possible neglect ·Ensuring chimes are

·Elopement concerns will be

investigated as possible neglect. ·Training with the Program

·Conducting elopement

·Electronic device tracking

present and working

Director regarding:

000869

expectations

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIE		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPL	ETED
		15G353	B. W	ING		01/13/	2021
				CTREET	ADDRESS SITU STATE TIP SOF		
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP CODE		
551100	0.4710.11.0				ARKWAY DR		
REM OC	CAZIO LLC			ANDERSON, IN 46012			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	arrival to the group	home at 10 AM, no door			neglect did occur		
	chimes were active	when the front door was			·IN Mentor's policy		
	opened. At 10:52 AM, HM (House Manager) #1				regarding abuse, neglect and		
	was asked about the door chimes. HM #1				exploitation		
	indicated the chimes were not currently working.				·The IDT met with client #1	and	
	HM #1 indicated client #1 had broken the				discussed the elopement		
	chimes and new chimes were ordered and going				concerns on 1-12-21.		
		2:45 PM, when returning to			·Client #1's BSP was revise	d to	
		a second observation on			increase his supervision level		
	1/5/21, no door chimes were active when the				when the chimes on the doors		
	front door opened.				the home is not working (line	of	
					sight with the exception of wh		
	The facility's BDDS (Bureau of Developmental				his bedroom or in the bathroo	m).	
	Disabilities Services) reports were reviewed on				·Client #1's BSP was revise		
	1/6/21 at 10:23 AM	[.			implement device checks whe		
					staff must locate all electronic		
	_	ed 08/6/20 indicated, "On			devices every 15 minutes to		
	_] became upset because he			ensure that each individual ha		
		n using a peer's tablet. [Client			their own devices. A sign off s		
	_	n foot. Staff followed him			has been created to keep trace	k of	
		able to leave the property due			the devices.		
		fed. Staff called 911 and the			The chimes have been		
	_	or assistance. Police and			replaced and are now working	•	
		[client #1] a few blocks away			These will be checked to ensu	ıre	
	from the home".				working upon the Program		
					Supervisor, Program Director		
		DDS report dated 8/6/20			Behavioral Clinician observati	ons.	
		eloped from the home. The			Name of a ffel in the	_4	
		cate documentation of an			·New staff hired to work		
	investigation into the	ne elopement incident.			the site will receive client spec		
	A DDDG	10/10/20: 1: . 1 !!			training for each individual pri	or to	
	_	ed 9/19/20 indicated, "On			working a shift. This training		
	_	1] was on the phone with his			includes items such as: client		
	-	were done talking, he (client			diets, risk plans, ISP's, BSP's		
		erying and went AWOL			programming, and medication		
		post). The police found him			review. New staff hired to work:	o.t	
		e roadand called the					
	_	s able to talk to [client #1] and			the site will receive training or	I	
	calm him down"				reporting expectations.	ad	
					·The IDT has implement	ed	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING <u>00</u>			COMPLETED	
		15G353	B. W	NG	<u> </u>	01/13/	2021
				CTREET	ADDRESS CITY STATE ZID CODE		
NAME OF F	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP CODE		
					ARKWAY DR		
REM OC	CAZIO LLC			ANDER	SON, IN 46012		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	DDOVIDED'S DI AN OF CODDECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TC	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	'E	DATE
	A review of the BD	DDS report dated 9/19/20			monthly staffings to ensure that	at	
		eloped from the home. The			the team discusses the needs		
		cate documentation of an			the residents in the following		
	investigation into the	ne elopement incident.			areas: home, behavior, IDT's		
		•			needed, family involvement,		
	A BDDS report dat	ed 11/12/20 indicated, "On			medical, workshop/day service	es.	
	11-12-2020 [client #1] was using another				financial and adaptive equipme		
	_	nd was watching inappropriate			·Quarterly Health and Sa		
	things. He (client #1) was very upset with				assessments will be completed	,	
	himself so he left the house unattended. The				the Program Coordinator and/	•	
	supervisor called the day time (sic) staff and she				the Program Director and		
	was able to find him a few blocks down the road.				forwarded to the Quality		
	Staff was able to talk to him and calm him down.				Improvement department. The	se	
	He (client #1) willingly got into the car and came				assessments include a review		
	back home".				the environmental needs for th		
					home, review of risk plans, ISF		
	A review of the BD	DDS report dated 11/12/20			BSP and client specific training		
		eloped from the home. The			for the residents. The assessn	-	
		cate documentation of an			also includes an interview of s		
		ne elopement incident.			to ensure they know how to		
	8	1			properly document, how to rep	ort	
	A BDDS report dat	ed 12/31/20 indicated, "			incidents and understanding o		
	_	et that he did not receive any			BSP's.		
		y. Staff tried explaining that			·The Program Supervisor	· will	
		has been running slow & the			complete weekly observations		
		n the next couple of days.			document if the chimes are		
		from the group home and staff			present/working while in the		
		d the program supervisor			home.		
		ne was single staffed. The			·The Program Director wi	11	
		reported to the Program			complete weekly observations		
		om another group home was			document if the chimes are		
		hen the other staff arrived a			present/working while in the		
	_	he police had already located			home.		
		e street from the group home			·The Behavioral Clinician	will	
		to go with them back to the			complete biweekly observation		
	group home".				and document if the chimes ar		
					present/working while in the		
	A review of the BD	DDS report dated 12/31/20			home.		
		eloped from the home. The			·The electronic device		
		cate documentation of an			tracking forms will be reviewed	_{d bv}	
	15,16,, ala not man	and and an officer of the				,	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G353		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/13/2021	
	ROVIDER OR SUPPLIER		1012 P	ADDRESS, CITY, STATE, ZIP CODE ARKWAY DR RSON, IN 46012	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	(X5) COMPLETION
TAG		LSC IDENTIFYING INFORMATION) ne elopement incident.	TAG	the Program Supervisor and	DATE
	Client #1's record w	vas reviewed on 1/6/21 at 's BSP dated 1/23/20		Program Director to ensure th are being completed by staff. The IDT will monitor for trends in behavior concerns. I	
	-"[Client #1] BSP 1/23/20".			will meet to address concerns needed.	
	-"Entered by."			·ISP and BSP's will be revised as needed to address	
		inician) #1] on 6/24/2020".		behavioral and supervision concerns.	
	-"Last Updated By." -"[BC #1] on 1/05/2021".				
	-"Individual Nam				
	-"[Client #1]".				
	-"Tasks".				
	-"Description".				
		exual behavior is defined as atching pornography".			
	have internet access	sure that [client #1] does not s at home and that his peers enet capable devices with se of this device is			
	-"AWOL (absent	from one's post)."			
		AWOL defined as but not ne home/day service".			
		be observing [client #1] when ease his safety. Staff will			

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	ND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G353 A. BUILDING 00 B. WING		COMPLETED 01/13/2021		
	PROVIDER OR SUPPLIER		1012	ET ADDRESS, CITY, STATE, ZIP CODE PARKWAY DR ERSON, IN 46012	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	to supervision if he [client #1] at safe di return to supervised				
	home, staff will call so they can begin lo	staffed when he leaves the for help to get a second staff oking for him. If two staff leaves the home, one staff			
	-"In order to ensur restrictions include:	re a peer's safety current".			
	-"2. [Client #1] will have chimes on the front and back doors due to recent elopement behavior".				
	1/7/21 at 11:42 AM had multiple elopem asked if the facility completed investiga elopements on 8/6/2 12/31/20 indicating client #1's safety pro PD #1 indicated clied door chimes were to door as a safety prof elopements. PD #1 were in place and in 1/5/21. PD #1 indicated were not working at was asked if the doc during the time of eclient #1. PD #1 indicated staff had told her, but documentation of council which included this	20, 9/19/20, 11/12/20, and whether staff followed otocols. PD #1 stated, "No." ent #1's BSP did indicate to be on the front and back tocol due to his history of was asked if the door chimes good working order on ated she was informed they and needed to be fixed. PD #1 or chimes were working each elopement involving icated they were from what			

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	COMP	E SURVEY PLETED 3/2021	
	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
	home were not wor	if the door chimes in the king. PD #1 stated, "No."					
	1/7/21 at 1:03 PM. did not have docum investigations into 6 8/6/20, 9/19/20, 11/ indicating whether 4 #1's BSP and safety client #1's BSP indi on the front and bac due to his history of asked if the door ch 1/5/21. AD #1 state was informed client chimes and they nee indicated client #1's as written due to the The facility's polici- reviewed on 1/8/21 Quality and Risk M September 2017 inc -"Indiana Mentor pr service and seeks to Indiana Mentor serv management procec- operations, close m and through a proce- and reducing risk to exposed." 1. Alleged, suspecto exploitation of an in category shall also be	#1 was interviewed on AD #1 indicated the facility intentation of completed client #1's elopements on /12/20, and 12/31/20 for not staff followed client in protocols. AD #1 indicated cated door chimes were to be cated door chimes were to be cated door as safety protocols if elopements. AD #1 was simes were working on d, "No." AD #1 indicated she cated to be replaced. AD #1 indicated she cated to be replac					
	as applicable.						

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 01/13/2021
	PROVIDER OR SUPPLIER		1012 P	ADDRESS, CITY, STATE, ZIP CODE ARKWAY DR RSON, IN 46012	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	e. Failure to provide care or training;" 9-3-2(a)	e appropriate supervision, .			
W 0154 Bldg. 00	alleged violations Based on record rev sampled clients (clie complete a thorough incidents of elopem Findings include: The facility's BDDS Disabilities Service 1/6/21 at 10:23 AM A BDDS report date 8/6/2020, [client #1] was redirected from #1] left the house of outside but was una to being single staff Program Director for Mentor staff found from the home". A review of the BD indicated client #1 or review did not indic investigation into the A BDDS report date 9-19-2020 [client # brother. When they #1) was upset and c	have evidence that all are thoroughly investigated. View and interview for 1 of 3 ent #1), the facility failed to h investigation into multiplement involving client #1. S (Bureau of Developmental s) reports were reviewed on	W 0154	·The Program Director will retrained on investigation expectations and component thorough investigations. ·The Program Director will retrained on what requires an investigation ·Elopement concerns will b investigated as possible negli ·The Quality Improveme Department and the Area Dir will monitor incidents as they reported to ensure that requir investigations are completed. ·Area Director and/or Quality Assurance will monitor assist the Program Director an needed during the investigation rocess to help ensure investigation thoroughness.	s of a be e ect. ent ector are red or and as

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	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDIN		00	(X3) DATE COMPL	
THINDTEMIN	or conduction	15G353	B. WING		00	01/13/	
		100000	CTI	- CET A	DDDEGG CITY CTATE ZID CODE	0 17 107	2021
NAME OF F	PROVIDER OR SUPPLIEF	8			ADDRESS, CITY, STATE, ZIP CODE		
REM OC	CAZIO LLC				SON, IN 46012		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	·	CY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	.TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	TA	Ĵ	DEFICIENCY)		DATE
	` '	e roadand called the s able to talk to [client #1] and					
	calm him down".						
	cum mm down						
	A review of the BD	DS report dated 9/19/20					
		eloped from the home. The					
		cate documentation of an					
	investigation into the	ne elopement incident.					
	A BDDS report dated 11/12/20 indicated, "On						
11-12-2020 [client #1] was using another							
individual's tablet and was watching inappropriate							
things. He (client #1) was very upset with							
himself so he left the house unattended. The							
		e day time (sic) staff and she					
		n a few blocks down the road. Ik to him and calm him down.					
		ngly got into the car and came					
	back home".	igiy got into the our und cume					
		DS report dated 11/12/20					
		eloped from the home. The					
		cate documentation of an					
	investigation into tr	ne elopement incident.					
	A BDDS report dat	ed 12/31/20 indicated, "					
	-	et that he did not receive any					
	mail from his famil	y. Staff tried explaining that					
		has been running slow & the					
		n the next couple of days.					
		from the group home and staff					
	_	d the program supervisor ne was single staffed. The					
		reported to the Program					
		m another group home was					
		nen the other staff arrived a					
		he police had already located					
		e street from the group home					
	_	to go with them back to the					
	group home".						

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	AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G353		00	COMPLETED 01/13/2021		
	ROVIDER OR SUPPLIER CAZIO 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 APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE		
	A review of the BDDS report dated 12/31/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident. PD (Program Director) #1 was interviewed on 1/7/21 at 11:42 AM. PD #1 indicated client #1 had multiple elopement incidents. PD #1 was asked if the facility had documentation of completed investigations into client #1's elopements on 8/6/20, 9/19/20, 11/12/20, and 12/31/20 indicating whether staff followed client #1's safety protocols. PD #1 stated, "No." AD (Area Director) #1 was interviewed on 1/7/21 at 1:03 PM. AD #1 indicated the facility did not have documentation of completed investigations into client #1's elopements on 8/6/20, 9/19/20, 11/12/20, and 12/31/20 indicating whether staff followed client #1's BSP and safety protocols.					
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, record review, and interview for 1 of 3 sampled clients (client #1), the facility failed to ensure client #1's BSP (Behavioral Support Plan) was being followed as written.	W 0249	·The Program Supervisor an Program Director will do home observations weekly to ensure staff are implementing the plan clients and that the chimes on	ns of		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 00 15G353 B. WING 01/13/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1012 PARKWAY DR REM OCCAZIO LLC ANDERSON, IN 46012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) doors are present and working. Findings include: ·Staff training will review: 1.Ensuring chimes are Observations were conducted at the group home present and working The Behavior Clinician will on 1/5/21 from 10 AM through 12:56 PM and on 1/5/21 from 2:45 PM through 5:22 PM. Upon review will do home observations arrival to the group home at 10 AM, no door weekly to ensure staff are chimes were active when the front door was implementing the plans of clients opened. At 10:52 AM, HM (House Manager) #1 and that the chimes on the doors was asked about the door chimes. HM #1 are present and working. indicated the chimes were not currently working. ·The Area Director will complete HM #1 indicated client #1 had broken the home observations at this home chimes and new chimes were ordered and going for 2 times per month for the next to be installed. At 2:45 PM, when returning to month to monitor the effectiveness of client BSP's and to monitor for the group home for a second observation on restrictions utilized. 1/5/21, no door chimes were active when the front door opened. ·The chimes have been replaced and are in working The facility's BDDS (Bureau of Developmental order. Disabilities Services) reports were reviewed on The IDT met with client #1 and discussed the elopement 1/6/21 at 10:23 AM. concerns on 1-12-21. ·Client #1's BSP was revised to A BDDS report dated 08/6/20 indicated, " ...On 8/6/2020, [client #1] became upset because he increase his supervision level was redirected from using a peer's tablet. [Client when the chimes on the doors in #1] left the house on foot. Staff followed him the home is not working (line of outside but was unable to leave the property due sight with the exception of when to being single staffed. Staff called 911 and the his bedroom or in the bathroom). Program Director for assistance. Police and ·HRC approval has been Mentor staff found [client #1] a few blocks away obtained for all restrictions put in from the home ...". place for Client 1. A review of the BDDS report dated 8/6/20 ·The BSP's will be reviewed indicated client #1 eloped from the home. The for the individuals in the home to review did not indicate documentation of an ensure that they are current and investigation into the elopement incident. necessary restrictions are in place. ·HRC approval has been A BDDS report dated 9/19/20 indicated, " ...On 9-19-2020 [client #1] was on the phone with his obtained for all restrictions put in brother. When they were done talking, he (client place for the individuals in the

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	00	COMPL	ETED
		15G353	B. W	ING		01/13/	2021
				CTREET	ADDRESS SITY STATE TIP SOPE		
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP CODE		
					ARKWAY DR		
REM OC	CAZIO LLC			ANDER	RSON, IN 46012		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDENCE WALLOW CONDUCTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	NIE.	DATE
	#1) was upset and crying and went AWOL				home.		
	(absent from one's post). The police found him				·The IDT has implemente	ed	
	(client #1) down the roadand called the				monthly staffings to ensure the		
	Supervisor. She was able to talk to [client #1] and				the team discusses the needs		
	calm him down".				the residents in the following		
					areas: home, behavior, IDT's		
	A review of the BDDS report dated 9/19/20				needed, family involvement,		
	indicated client #1 eloped from the home. The				medical, workshop/day service	es.	
	review did not indicate documentation of an				financial and adaptive equipm		
		ne elopement incident.					
	8	1			·New staff hired to wo	ork	
	A BDDS report dated 11/12/20 indicated, "On				at the site will receive client		
	•	#1] was using another			specific training for each		
individual's tablet and was watching inappropriate				individual prior to working a sh	nift.		
	things. He (client #1) was very upset with				This training includes items su		
	- '	ne house unattended. The			as: client's diets, risk plans, IS		
		e day time (sic) staff and she			BSP's, programming, and	,	
	_	n a few blocks down the road.			medication review.		
		lk to him and calm him down.					
		ngly got into the car and came			·Quarterly Health and		
	back home".				Safety assessments will be		
					completed by the Program		
	A review of the BD	DDS report dated 11/12/20			Coordinator and/or the Progra	ım	
		eloped from the home. The			Director and forwarded to the		
		cate documentation of an			Quality Improvement departm	ent.	
	investigation into the	ne elopement incident.			These assessments include a		
	_	_			review of the environmental ne	eeds	
	A BDDS report dat	ed 12/31/20 indicated, "			for the home, review of risk pla	ans,	
	_	et that he did not receive any			ISP, BSP and client specific		
		y. Staff tried explaining that			training for the residents. The		
	thePostal Service	e has been running slow & the			assessment also includes an		
	mail should arrive i	n the next couple of days.			interview of staff to ensure the	y I	
		from the group home and staff			know how to properly docume	-	
		d the program supervisor			how to report incidents and		
	_	ne was single staffed. The			understanding of BSP's.		
		reported to the Program					
	Director & staff from another group home was				·On-going the Area		
		hen the other staff arrived a			Director will review Program		
	_	he police had already located			Director's weekly supervisory		
		e street from the group home			visits forms and will follow up	with	
	1 - ,	C 1	1		· '		

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		r í		ONSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G	00	COMPL	
		15G353	B. WING			01/13/	/2021
NAME OF P	ROVIDER OR SUPPLIER	3			ADDRESS, CITY, STATE, ZIP CODE		
					ARKWAY DR		
REM OC	CAZIO LLC		AN	DER	SON, IN 46012		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	TAG	İ			DATE
	_	to go with them back to the			the appropriate individual to		
	group home".				ensure the concerns are addressed.		
	A review of the RD	DS report dated 12/31/20			addressed.		
		eloped from the home. The					
		cate documentation of an					
	investigation into th	ne elopement incident.					
	-						
		vas reviewed on 1/6/21 at					
		's BSP dated 1/23/20					
	indicated the follow	ring:					
	-"[Client #1] BSP 1/23/20".						
	- [Client #1] BSF 1/23/20						
	-"Entered by."						
	,						
	-"[BC (Behavior Cl	linician) #1] on 6/24/2020".					
	" 1 (11 1 (15						
	-"Last Updated B	у."					
	-"[BC #1] on 1/05/2	2021 "					
	-"Individual Nam	e."					
	-"[Client #1]".						
	u						
	-"Tasks".						
	-"Description".						
	compuen						
	-"Inappropriate se	exual behavior is defined as					
	but not limited to w	ratching pornography".					
		sure that [client #1] does not					
		s at home and that his peers					
	[client #1], unless u	rnet capable devices with					
	supervised".	ase of this device is					
	-apar mounn .						
	-"AWOL (absent	from one's post)."					
			ı				1

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	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l í	JILDING	NSTRUCTION 00	COMPL	
		15G353	B. W			01/13/	/2021
NAME OF I	PROVIDER OR SUPPLIEF			1	DDRESS, CITY, STATE, ZIP CODE		
REM OC	CAZIO LLC			ANDER	SON, IN 46012		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI- DEFICIENCY)	ATE	(X5) COMPLETION DATE
		AWOL defined as but not ne home/day service".					
	he is outside to incr give [client #1] one to supervision if he	be observing [client #1] when ease his safety. Staff will verbal prompt to come back leaves. Staff will follow istance requesting him to larea."					
	home, staff will call so they can begin lo	staffed when he leaves the I for help to get a second staff poking for him. If two staff te leaves the home, one staff					
	-"In order to ensu restrictions include:	re a peer's safety current".					
		ill have chimes on the front to recent elopement					
	1/7/21 at 11:42 AM had multiple elopen asked if the facility completed investigatelopements on 8/6/2 12/31/20 indicating client #1's safety pr PD #1 indicated clied door chimes were to door as a safety pro elopements. PD #1 were in place and in 1/5/21. PD #1 indice were not working a	tor) #1 was interviewed on I. PD #1 indicated client #1 ment incidents. PD #1 was had documentation of ations into client #1's 20, 9/19/20, 11/12/20, and whether staff followed otocols. PD #1 stated, "No." ent #1's BSP did indicate to be on the front and back tocol due to his history of was asked if the door chimes a good working order on ated she was informed they and needed to be fixed. PD #1 or chimes were working					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/13/2021	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5)
PREFIX	(EACH DEFICIEN	(EACH DEFICIENCY MUST BE PRECEDED BY FULL				COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY) DATE		DATE
	during the time of eclient #1. PD #1 ind staff had told her, be documentation of cwhich included this occurred. PD #1 was being followed home were not wor AD (Area Director) 1/7/21 at 1:03 PM. did not have document investigations into 8/6/20, 9/19/20, 11/2 indicating whether #1's BSP and safety client #1's BSP indication on the front and back due to his history of asked if the door che 1/5/21. AD #1 states was informed client #1's and they ne indicated client #1's	each elopement involving dicated they were from what				

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