

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G166	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/15/2013
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NAME OF PROVIDER OR SUPPLIER  GIBSON COUNTY ARC PRINCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1512 S JEFFERSON PRINCETON, IN 47670
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 2, 4, 5, 12, and 15, 2013</p> <p>Provider Number: 15G166 Aims Number: 100234410 Facility Number: 000700</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 19, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000		

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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W000126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#3) to ensure client #3 had a training program for her identified finance training needs.</p> <p>Findings include:</p> <p>The record of client #3 was reviewed on 4/12/13 at 9:32a.m. Client #3's 11/27/12 individual program plan (IPP) indicated client #3 lacked financial knowledge and was in need of goals developed for money management. Client #3 did not have any money skills training programs currently in place.</p> <p>Interview of staff #1 on 4/12/13 at 10:30a.m. indicated client #3 had money training needs and did not have current money training programs in place.</p> <p>9-3-2-(a)</p>	W000126	The QDDP will review and revise the IPP to include a money management goal. This correction was completed on 05/14/2013.	05/15/2013			

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not completing quarterly program reviews.</p> <p>Findings include:</p> <p>Record review for client #1 was done on 4/12/13 at 7:31a.m. Client #1's QIDP program reviews indicated client #1 had an individual program plan (IPP) dated 8/20/12. There were no documented QIDP program reviews during the time period of 8/20/12 through 4/12/13.</p> <p>Staff #2 (QIDP) was interviewed on 4/12/13 at 10:30a.m.. Staff #1 indicated the QIDP should be reviewing the clients' programs at least quarterly. Staff #1 indicated quarterly QIDP program reviews had not been done for client #1 since 8/12.</p> <p>9-3-3(a)</p>	W000159	Due to the former QMRP neglecting his program duties before his departure from the company. The current QDDP has been in-serviced to have monthly and quarterly program reviews completed by the 15th of each month. The QDDP will send an email to the Director making them aware that the reports have been completed.	05/15/2013	

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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #3) who took behavior control drugs, to ensure the behavior control medications were part of client #3's individual program plan (IPP).</p> <p>Findings include:</p> <p>Review of the record of client #3 was done on 4/12/13 at 9:32a.m. Client #3's 11/27/12 IPP indicated client #3's diagnoses included, but were not limited to, depression, attention deficit disorder and post traumatic stress syndrome. Physician orders on 3/27/13 indicated client #3 received the behavior control medications Prozac and Adderall. The IPP failed to include the behavior control medications in a plan of reduction.</p> <p>Interview of staff #2 on 4/12/13 at 10:30a.m. indicated client #3 did not have her current behavior control medications addressed in a plan of reduction.</p> <p>9-3-5(a)</p>	W000312	The QDDP will revise the IPP to include a plan of reduction for the behavior medication for Adderall and Prozac. This correction was completed on 05/14/2013.	05/15/2013			

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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed for 3 of 4 sampled clients (#2, #3, #4) to provide the clients with a quarterly health status review during 12/12 through 4/15/13.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The record of client #2 was reviewed on 4/12/13 at 8:53a.m. Client #2's documented quarterly nursing reviews indicated quarterly reviews were completed during 6/12, 9/12 and 12/12. Client #2's 12/18/12 Physician's Orders indicated client #2 was not on a medical care plan.</li> <li>The record of client #3 was reviewed on 4/12/13 at 9:32a.m. Client #3 had been admitted to the facility on 11/27/12. Client #3's documented quarterly nursing reviews indicated quarterly reviews were completed during 12/12. Client #3's 3/27/13 Physician's Orders indicated client #3 was not on a medical care plan.</li> <li>The record of client #4 was reviewed on 4/12/13 at 8:30a.m. Client #4's</li> </ol>	W000336	<p>Clients #2, 3, and 4 nursing quarterly reports will be completed no later than 5/15/13. The nurses will be trained that nursing reports must be completed by the 15 th of each month/quarter and should send an email to the QDDP/Director making them aware that the reports have been completed.</p>	05/15/2013			

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	<p>documented quarterly nursing reviews indicated quarterly reviews were completed during 6/12, 9/12 and 12/12. Client #4's 3/28/13 Physician's Orders indicated client #4 was not on a medical care plan.</p> <p>Interview of staff #3 (nurse) on 4/12/13 at 10:30a.m., indicated clients #2, #3 and #4 were not on a medical care plan. Staff #3 indicated there was no documentation the quarterly nursing reviews for clients #2, #3 and #4 had not been completed since 12/12.</p> <p>9-3-6(a)</p>			