

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G613	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/30/2012
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NAME OF PROVIDER OR SUPPLIER GIBSON COUNTY ARC 8TH ST	STREET ADDRESS, CITY, STATE, ZIP CODE 116 N 8TH ST PRINCETON, IN 47670
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(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
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>This visit was in conjunction with the PCR (Post Certification Revisit) to the investigation of complaint #IN00102589.</p> <p>This visit was in conjunction with the PCR to the investigation of complaint #IN00099912.</p> <p>Dates of Survey: 3/13, 3/14, 3/15, 3/16 and 4/30/12</p> <p>Facility Number: 001177 Provider Number: 15G613 AIM Number: 100245650</p> <p>Surveyor: Jenny Ridao, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 5/2/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure the client had an annual vision screening.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 3/16/12 at 9:40 AM. Client #4's vision screening of 12/19/10 indicated a recommendation the client have another vision screening in 1 year. The client's record did not indicate the client's vision had been screened since the evaluation on 12/19/10.</p> <p>Interview with the Home Manager on 3/16/12 at 1 PM indicated client #4 had not had a vision screening since 12/19/10.</p> <p>9-3-6(a)</p>	W0323	<p>To Address W0323: 1. The corrective action accomplished for client #4 included a vision screening with Dr. Neuhoff that occurred on 04/19/2012. All residents' medical charts have since been reviewed and appointment dates will happen as recommended by the residents' respective physicians and scheduled dates. 2. In order to identify other residents having the potential to be affected by the deficient practice, all residents' charts will be reviewed quarterly and appointments as well as follow up appointments will occur as scheduled. The Medical Coordinator monitors and facilitates scheduled appointments through designated staff that include trained Direct Care Staff, Medical Staff, the Home Managers and the QDDP. 3. To ensure the deficient practice does not recur, a systemic change will include a revision of the medical tracking form that will include the monitoring of residential appointments affecting all medical areas, for example not just dental and vision, and shall include specialists, labs, etc. (all medical appointments shall be noted and monitored quarterly by</p>	05/30/2012			

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			the Medical Team to ensure all appointments of the residents are facilitated). 4. To ensure the deficient practice will not recur, the medical charts of the respective resident will be monitored quarterly and as needed by the GCARC Medical Team using the revised medical tracking form. 5. All of the above corrections will be completed no later than May 30, 2012.		