

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G134	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER ARC OPPORTUNITIES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 0170 W 300 N HOWE, IN 46746		
(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 the investigation of complaint #IN00111158.</p> <p>Complaint #IN00111158: UNSUBSTANTIATED</p> <p>Dates of survey: July 26 and 27, 2012.</p> <p>Facility number: 000671 Provider number: 15G134 AIM number: 100234320</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III.</p> <p>Arc Opportunities Inc. was found to be in compliance with 42 CFR, Part 483, Subpart I, and 431 IAC 1.1 in regard to the complaint investigation #IN00111158.</p> <p>Quality Review was completed on 8/8/12 by Tim Shebel, 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.