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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G153 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 08/15/2014 |
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| NAME OF PROVIDER OR SUPPLIER PIKE COUNTY ARC - THIRD ST | STREET ADDRESS, CITY, STATE, ZIP CODE 403 S THIRD ST PETERSBURG, IN 47567 |
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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 |
|--------------------|---|---------------|---|----------------------|
| W000000 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 4, 5, 6, 8 and 15, 2014</p> <p>Facility Number: 000689 Provider Number: 15G153 AIM Number: 100234480</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 8/21/14 by Ruth Shackelford, QIDP.</p> | W000000 | | |
| W000322 | <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure a mammogram was performed annually.</p> <p>Findings include: The record review for client #2 was</p> | W000322 | The facility failed to ensure a mammogram was performed annually. Client #2 had a mammogram 8/28/14. All client charts were checked to ensure no other mammograms or other appointments were missed. The Agency Nurse will audit medical charts quarterly to ensure medical appointments are made and all | 08/29/2014 |

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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| | <p>conducted on 8/5/14 at 10:59 AM. The record included a hospital report for client #2 indicating the mammogram conducted on 8/14/12 was normal and needed to be repeated annually. There was not any documentation in the record to indicate client #2 had a mammogram completed since that date.</p> <p>Interview with Staff #4, LPN (Licensed Practical Nurse) on 8/5/14 at 2:30 PM indicated client #2 should have had a mammogram in 2013. Staff #4, LPN, indicated the mammogram would be scheduled immediately.</p> <p>9-3-6(a)</p> | | <p>physician's recommendations and follow up visits/tests are completed. The Agency Nurse will audit medical charts quarterly and make appointments as needed. The Medical Coordinator will be responsible for taking clients to appointments. The QIDP will be responsible for monitoring this system and ensuring all clients receive preventative and medical treatment.</p> | | |