

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 06/12/2014
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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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(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: June 2, 4, 5, 6, 10, 11, 12, 2014</p> <p>Provider Number: 15G166 Aims Number: 100234410 Facility Number: 000700</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 6/20/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>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 #4) who took behavior</p>	W000312	On June 12, 2014, a psychotropic	06/12/2014

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>control drugs, to ensure the behavior control medications were part of client #4's individual support plan (ISP) and included in a plan of reduction.</p> <p>Findings include:</p> <p>Review of the record of client #4 was done on 6/10/14 at 2:27p.m. Client #4's 2/24/14 ISP indicated client #4's diagnosis included, but was not limited to, depression. Physician's orders on 4/30/14 indicated client #4 received the behavior control medication Celexa. The ISP failed to include the behavior control medication in a plan which included withdrawal criteria.</p> <p>Interview of professional staff #1 on 6/11/14 at 3:28p.m. indicated client #4 did not have her current behavior control medication addressed in a plan of reduction.</p> <p>9-3-5(a)</p>		<p>medication sheet was implemented along with tracking to be completed by staff on a daily basis. As Client 4 begins to show improvement, request for reduction of the psychotropic medication will be made of the prescribing physician. To ensure that all psychotropic medications have the proper documentation in order, when a new medication is started, the team will meet to discuss and classify the new medication. A Meeting Minute document (which also includes the HRC information) will be</p>	

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			completed outlining the information will then be passed to the QIDP for review and signature. Once the QIDP signs, the psychotropic medication worksheet and tracking forms will be created and put in place. The psychotropic medication worksheet will then be updated each year with the individual's plan until the psychotropic medication in no longer necessary.		