

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 06/12/2014
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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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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: June 2, 3, 4, 5, 11, 12, 2014</p> <p>Provider Number: 15G613 Aims Number: 100245650 Facility Number: 001177</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/24/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review, the facility failed for 1 of 4 allegations of client abuse/neglect reviewed (clients #2, #4), to implement policy and procedures to ensure allegations of abuse/neglect were thoroughly investigated and to ensure all corrective action was identified and completed.</p> <p>Findings include:</p>	W000149	<p>As of July 12, 2014, staff has been retrained on staff placement in regards to known peer-peer aggression between Client #2 and Client #4. Home administrative staff (home manager, assistant manager, supervisor, BDDS coordinator) has also been trained on when to complete the Follow-Up Investigation Report for Consumer-Consumer Incidents via the Staff Deployment with</p>	07/12/2014

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>The facility's reportable incident reports were reviewed on 6/2/14 at 2:15p.m. and on 6/11/14 at 2:08p.m.</p> <p>A reportable incident report, dated 6/1/14, indicated client #2 received a bite on his left cheek from client #4.</p> <p>An incident report on 6/9/14 indicated clients #2 and #4 had a physical altercation at the group home. The report indicated the clients had a brief argument and client #2 aggressed toward client #4 and client #4 retaliated by hitting client #2 in the face. The documented investigation summary failed to identify the need to retrain staff on client #2 and #4's behavior management plans. There was no documentation the facility staff had been retrained on the clients' behavior management plans between the 6/1/14 incident and time of review on 6/11/14. The reportable incident report, dated 6/1/14, indicated client #2 received a bite on his left cheek by client #4. Client #2 was sent to the emergency room to have the bite area examined. There was no documented investigation completed.</p> <p>The facility's policy and procedures were reviewed on 6/11/14 at 2:18p.m. The policy dated 11/18/11 "Suspected Abuse and Neglect of Consumers" documented: "It is the policy of GCARC to investigate all allegations of abuse, neglect and injuries of unknown origin and to ensure all individuals served will be free from physical, verbal, psychological, sexual abuse,</p>		<p>consumers who have known physical aggression with peers in-service. To prevent this from occurring in the future, an additional line has been included on the GCARC Behavior Report form reminding staff that if the behaviors are a consumer-consumer, then the Follow-Up Investigation form should be completed by the BDDS coordinator and attached to the behavior report as well. Also, all staff will be retrained on a quarterly basis to insure they understand the procedure to follow. All behavior reports and follow-up investigation reports are to be submitted to the QIDP within 24 business hours. The QIDP receives and reviews all behavior reports and the follow-up investigation reports the day they are received. If the QIDP is unavailable, administrative staff will review. The facility retrains staff on a quarterly basis the topics of Abuse, Neglect, Exploitation and Incident reporting for incidents of abuse, neglect, mistreatment, and injuries of unknown source. Administrative staff is responsible for investigating these types of incidents within 24 hours of knowledge. The staff that has the complaint against them will be suspended pending the investigation. If the investigation substantiates abuse, neglect, or exploitation, the staff will then be terminated.</p>	

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W000154	<p>neglect and mistreatment." The policy indicated "the investigative process includes conducting interviews with all involved people." The facility policy "Sentinel Events Procedure" dated 6/25/13 indicated the department director will complete the "Sentinel Event Investigation " form. This form included the "corrective/preventive action request" for the incident.</p> <p>Professional staff #1 was interviewed on 6/11/14 at 2:27p.m. Professional staff #1 indicated facility staff had not followed facility policy and procedures by failing to document a thorough investigation of the 6/1/14 incident of client to client abuse. Professional staff #1 indicated the facility's corrective action for the 6/1/14 and 6/9/14 incidents of client to client aggression had not identified the need to retrain staff on client #2 and #4's behavior management plans.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate 1 of 4 incidents reviewed for allegations of (physical aggression) client to client abuse (clients #2, #4).</p> <p>Findings include:</p>	W000154	As of July 12, 2014, staff has been retrained on staff placement in regards to known peer-peer aggression between Client #2 and Client #4. Home administrative staff (home manager, assistant manager, supervisor, BDDS coordinator) has also been trained	07/12/2014			

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	<p>The facility's reportable incident reports were reviewed on 6/2/14 at 2:15p.m. and on 6/11/14 at 2:08p.m. A reportable incident report, dated 6/1/14, indicated client #2 received a bite on his left cheek from client #4. Client #2 was sent to the emergency room to have the bite area examined. There was no documented investigation completed.</p> <p>Professional staff #1 was interviewed on 6/11/14 at 2:27p.m. Staff #1 indicated there was no documented investigation for client to client aggression which occurred on 6/1/14 between clients #2 and #4. Staff #1 indicated the facility should have completed a "Consumer to Consumer Aggression Investigation" form that was to be used for client to client aggression.</p> <p>9-3-2(a)</p>		<p>on when to complete the Follow-Up Investigation Report for Consumer-Consumer Incidents via the Staff Deployment with consumers who have known physical aggression with peers in-service. To prevent this from occurring in the future, an additional line has been included on the GCARC Behavior Report form reminding staff that if the behaviors are a consumer-consumer, then the Follow-Up Investigation form should be completed by the BDDS coordinator and attached to the behavior report as well. Also, all staff will be retrained on a quarterly basis to insure they understand the procedure to follow. All behavior reports and follow-up investigation reports are to be submitted to the QIDP within 24 business hours. The QIDP receives and reviews all behavior reports and the follow-up investigation reports the day they are received. If the QIDP is unavailable, administrative staff will review. The facility retrains staff on a quarterly basis the topics of Abuse, Neglect, Exploitation and Incident reporting for incidents of abuse, neglect, mistreatment, and injuries of unknown source. Administrative staff is responsible for investigating these types of incidents within 24 hours of knowledge. The staff that has the complaint against them will be suspended pending the investigation. If the investigation substantiates abuse, neglect, or exploitation, the staff will then be</p>				

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, the facility failed for 1 of 4 investigations of alleged client to client abuse reviewed (clients #2, #4), to ensure appropriate corrective action was identified.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 6/2/14 at 2:15p.m. and on 6/11/14 at 2:08p.m. A reportable incident report, dated 6/1/14, indicated client #2 received a bite on his left cheek from client #4. An incident report on 6/9/14 indicated clients #2 and #4 had a physical altercation at the group home. The report indicated the clients had a brief argument and client #2 aggressed toward client #4 and client #4 retaliated by hitting client #2 in the face. The documented investigation summary failed to identify the need to retrain staff on client #2 and #4's behavior management plans. There was no documentation the facility staff had been retrained on the clients' behavior management plans between the 6/1/14 incident and time of review on 6/11/14.</p> <p>Professional staff #1 was interviewed on 6/11/14 at 2:27p.m. Staff #1 indicated the facility's corrective action for the 6/1/14</p>	W000157	<p>terminated.</p> <p>As of July 12, 2014, staff has been retrained on staff placement in regards to known peer-peer aggression between Client #2 and Client #4. Home administrative staff (home manager, assistant manager, supervisor, BDDS coordinator) has also been trained on when to complete the Follow-Up Investigation Report for Consumer-Consumer Incidents. To prevent this from occurring in the future, an additional line has been included on the GCARC Behavior Report form reminding staff that if the behaviors are a consumer-consumer, then the Follow-Up Investigation form should be completed by the BDDS coordinator and attached to the behavior report as well. Also, all direct care staff will be retrained on a quarterly basis to ensure they understand the procedure to follow. Also, administrative staff has been trained to ensure that staff retraining is completed when the QIDP is unavailable to complete the training within a 24 hour business period. The QIDP receives and reviews all behavior reports and the follow-up investigation reports the day they are received and reviewed. If the QIDP is unavailable, administrative staff will review.</p>	07/12/2014

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W000455	<p>and 6/9/14 incidents did not identify the need to retrain staff on client #2 and #4's behavior interventions (contained in their behavior management plans).</p> <p>9-3-2(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review and interview, for 4 of 4 sample clients (#1, #2, #3, #4) and 4 additional clients (#5, #6, #7, #8), the facility failed to encourage the clients to wash their hands during meal preparation and before meals.</p> <p>Findings include:</p> <p>An observation was done at the group home on 6/2/14 from 3:50p.m. to 5:47p.m. At 4:33p.m. client #4 cooked hamburger for supper. The hamburger was still partially frozen and client #4 had touched the hamburger to help break it up. Client #4 was observed to lick his</p>			W000455	<p>The facility retrains staff on a quarterly basis the topics of Abuse, Neglect, Exploitation and Incident reporting for incidents of abuse, neglect, mistreatment, and injuries of unknown source. Administrative staff is responsible for investigating these types of incidents within 24 hours of knowledge. The staff that has the complaint against them will be suspended immediately pending the investigation. If the investigation substantiates abuse, neglect, or exploitation, the staff will then be terminated immediately.</p> <p>As of July 12, 2014, staff has been retrained on proper hand washing procedures and sanitary food preparation. Staff will have refresher training on these topics on a quarterly basis to ensure continued guidelines are being followed. Staff has also been retrained on active treatment including hygiene issues and infection control.</p> <p>Several times a week, a member of the medical staff will complete a random pop-in during meal time prep to monitor and ensure that hand washing and sanitary food preparation is taking place.</p>		07/12/2014

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W000488	<p>fingers during this process. Client #4 was not prompted to wash his hands (staff #3 was in the kitchen) before he assisted in the meal preparation nor after he had touched the uncooked hamburger. Client #4 then set the supper table with eating utensils. At 5:15p.m. client #4 made buttered bread without washing his hands prior to handling the bread for clients #1, #2, #3, #4, #6, #7 and #8. Client #4 was observed to scratch his left shoulder inside of shirt while buttering the bread. Staff #3, in the kitchen with client #4, did not prompt the client to wash his hands. At 5:31p.m., clients #1, #2, #3, #4, #5, #6, #7 and #8 came to the dining room and began to eat supper without washing their hands prior to eating.</p> <p>Interview of staff #2 (nurse) on 6/11/14 at 2:27p.m. indicated all clients should be washing their hands prior to and as needed during meal preparation and during dining.</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats</p>						

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	<p>in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 2 of 4 sample clients (#2, #3) and 3 additional clients (#5, #6, #8), the facility failed to encourage clients to use dining skills to the extent they were capable.</p> <p>Findings include:</p> <p>An observation was done on 6/3/14 from 6:32a.m. to 7:43a.m. at the group home. Clients #2, #3, #5, #6 and #8 were observed eating breakfast at 6:46a.m with staff #5 at the dining room table. Clients #2, #3, #5, #6 and #8 did not have napkins. Clients #3 and #6 licked jelly from their fingers. Clients #2, #5 and #8 had food on their faces and needed to use a napkin. Staff #5 did not prompt the clients get a napkin.</p> <p>Interview of staff #1 on 6/11/14 at 2:27p.m. indicated clients #2, #3, #5, #6 and #8 were capable of using napkins with verbal prompts. Staff #1 indicated the clients should have been provided napkins and verbal prompts to use the napkins.</p> <p>9-3-8(a)</p>	W000488	<p>As of July 12, 2014, staff has been retrained on meal time etiquette. Staff will have refresher training on these topics on a quarterly basis to ensure continued guidelines are being followed. Staff has also been retrained on active treatment including hygiene issues and mealtime etiquette.</p> <p>Several times a week, a member of the medical staff will complete a random pop-in during meal time to monitor and ensure that mealtime etiquette is taking place.</p>	07/12/2014			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2014
FORM APPROVED
OMB NO. 0938-0391

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