

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G437	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/16/2016
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NAME OF PROVIDER OR SUPPLIER GIBSON COUNTY ARC STOUT ST	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S STOUT ST PRINCETON, IN 47670
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: June 7, 8, 9, 10, 14, 15 and 16, 2016.</p> <p>Provider Number: 15G437 AIMS Number: 100244590 Facility Number: 000951</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/23/16.</p>	W 0000		
W 0323 Bldg. 00	<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 (#2), the facility failed to obtain an annual (or as indicated) hearing evaluation which included a screening as a minimum.</p> <p>Findings include:</p>	W 0323	Director completed a Document change over Consumer Medical Admittance and Medical Follow-Up Core Process to add Hearing evaluations to be completed every 3 years Residential QIDP, Nurse, and Medical Coordinator were trained	07/01/2016

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>Client #2's record was reviewed on 6/15/16 at 12:45 PM. The record review indicated client #2's most recent audiology evaluation was completed on 5/29/09. The record review indicated no additional hearing evaluations and/or screenings had been completed since 5/29/09. Client #2's annual physical on 1/16/16 indicated a hearing screening was not completed.</p> <p>The facility nurse was interviewed on 6/15/16 at 12:30 PM. In regards to client #2's most recent hearing evaluation/screening completed on 5/29/09, she stated "I didn't realize it had been so long since his (client #2) hearing had been checked. It is sometimes difficult to get the PCP (Primary Care Physician) to refer our clients for an audiological hearing evaluation. I will contact them to see, if during the annual physical, they (the physicians) can do a simple hearing screening to determine if an audiology referral is warranted."</p> <p>9-3-6(a)</p>		<p>over the process change Please see evidence #1, 2, and 3 Addendum 3 clients were affected by the deficient practice All 3 now have hearing evaluations scheduled Annual hearing screens have now been added into the annual physical as required by their PCP If their PCP deems it necessary a hearing evaluation will be scheduled All medical staff have been trained over the added process</p>		

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure evacuation drills were conducted at least quarterly for all shifts of personnel.</p> <p>Findings include:</p> <p>Fire evacuation drills from 6/1/15 until the time of the survey with clients #1, #2, #3, #4, #5, #6 and #7 as participants were reviewed on 6/10/16 at 6:30 AM. The review indicated no fire evacuation drills were completed for the morning shift of the fourth quarter (October, November and December) of 2015. No fire</p>	W 0440	<p>Director put in place that every Wednesday the drill books are to come to the administration office to be audited weekly by the Administrative Assistant Home Manager will be contacted via email over the list of staff/shift that is still needing to be completed that month This will ensure all drills are getting completed correctly and on time</p>	07/01/2016

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	<p>evacuation drills were completed for the night shift of the first and second quarters (January through June) of 2016.</p> <p>The group home manager was interviewed on 6/14/16 at 6:00 PM. He stated "I'm not sure why they (fire evacuation drills) weren't done. Sometimes I work all sorts of shifts and I try and conduct them at varied times. Now that I know we should be doing them at least 1 per shift per quarter, I will make sure we do them in the future."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 6/15/16 at 12:30 PM. She stated "the group homes are not given a schedule per se of when to do fire evacuation drills. It is up to the group home manager to determine when to do them."</p> <p>9-3-7(a)</p>			

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

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FORM APPROVED

OMB NO. 0938-0391

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