

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  06/11/2012	
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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W0000	<p>This visit was for a post-certification revisit survey (PCR) to the fundamental recertification and state licensure survey completed on 3/8/12.</p> <p>Survey dates: 6/7 and 6/11/12</p> <p>Facility Number: 000951 Provider Number: 15G437 AIM Number: 100244590</p> <p>Surveyor: Jenny Rida, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 6/27/12 by Ruth Shackelford, 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.

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W0198	<p>483.440(b)(1) ADMISSIONS, TRANSFERS, DISCHARGE Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure the client was in need of active treatment services.</p> <p>Findings include:</p> <p>During the 6/7/12 observation period between 4:00 PM and 6:00 PM, at the group home, client #1 was not available for observation.</p> <p>Client #1's record was reviewed on 6/7/12 at 3:00 PM. Client #1's 2/6/12 Individual Program Plan (IPP) indicated client #1's diagnoses included, but were not limited to, Mild Mental Retardation, Turners Syndrome, Seizures, Schizoaffective Disorder, Depression and Severe Borderline Personality Disorder.</p> <p>Client #1's 1/6/12 Developmental Assessment indicated client #1 is independently able to: set the table prior to eating, prepare adequate cold breakfast, wash dishes by hand, wash fresh produce, prepare a sandwich for lunch, operate a manual can opener, distinguish perishable from non-perishable foods, measure items for cooking, use stove/microwave oven</p>	W0198	<p>W0198: 1. Client #1 has been found not to be in need of receiving active treatment services. Client #1 was at one time eligible for group home services and was on the State referral list for ICF/MR placement. Client #1 has been decertified and she is currently hoping to get a Waiver slot. Therefore, Client #1's Residential team at GCARC is requesting a 7 month extension time for Client #1 to have time to establish LOC for Waiver and for time to prepare for a Waiver home. Client #1 has indicated she wishes to maintain GCARC as her Waiver provider. 2. Assessments are conducted on all residents to ensure they are suitable for ICF/MR placement. 3. To ensure the deficient practice does not recur, in the future any potential Admissions will be reviewed by the GCARC Admissions Committee to determine if the individual is appropriate for group home placement. 4. The Residential Director, GCARC Quality Assurance Director, and Admissions Committee will screen individuals prior to placement to ensure the individual is suitable for group home level of care and is in need</p>	12/12/2012

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	<p>for cooking, prepare items that require mixing and cooking, develop shopping list, purchase groceries, sort laundry by colors, operate automatic washing machine and dryer, put clothes away, use key to open door, put away personal items, change/make bed, sweep, mop, vacuum, dust, clean toilet and shower stall. Client #1's 1/6/12 Developmental Assessment indicated no inappropriate behaviors. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of leisure skills including: grasp an object for several minutes, manipulate objects, stay on task for 15 minutes, engage in spontaneous activity, engage in parallel activity for 15-20 minutes, manipulate or use an object in the intended way, engage in gross motor activities, utilize item (sand, mud, clay, etc) creatively, share items with a peer, wait turn during activity, engage in group game, follow rules in table game, participate in team activity, play competitively with peers, use community recreation facilities, finish one activity before going to the next, maintain individual leisure materials, complete project, engage in 5 or more play activities-simple materials, engage in 5 or more play activities-complex materials, organize large group activities community skills. Client #1's 1/6/12 Developmental Assessment indicated she</p>		<p>of active treatment services.5. GCARC is requesting a 7 month ICF/MR Residential extension for Client #1 from the decertification date of March 8, 2012, so that Client #1 has adequate time to prepare for her LOC that is currently being processed by IDEC. Admission screening or changes shall take effect no later than May 12, 2012. W0198: 1. Client #1 has been found not to be in need of receiving active treatment services. Client #1 was at one time eligible for group home services and was on the State referral list for ICF/MR placement. Client #1 has been decertified and she is currently hoping to get a Waiver slot. Therefore, Client #1's Residential team at GCARC is requesting a 7 month extension time for Client #1 to have time to establish LOC for Waiver and for time to prepare for a Waiver home. Client #1 has indicated she wishes to maintain GCARC as her Waiver provider. 2. Assessments are conducted on all residents to ensure they are suitable for ICF/MR placement. 3. To ensure the deficient practice does not recur, in the future any potential Admissions will be reviewed by the GCARC Admissions Committee to determine if the individual is appropriate for group home placement.4. The Residential</p>				

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	<p>was independent in all areas of self-care dressing including: manipulate clothing (shoes, string, buttons), remove socks, direct arm into sleeve of shirt, extend leg to put pants on, direct toes into shoes, unbutton shirt and pants, tie shoes, buckle and unbuckle belt, change clothes for appropriate active, select suitable clothing for weather. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of self-care eating including: feed self, use napkin to wipe mouth, chew food before swallowing, hold cup with one hand and drink without spillage, spear food with fork, pour drink from pitcher into glass, spread butter/jelly on bread/cracker, test hot food prior to putting into mouth, cut meat with fork and knife, uses acceptable table manners, use condiments to adjust seasoning of food. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of self-care toileting including: have no accidents between trip to toilet, go to bathroom independently, use toilet paper to clean self, flush toilet in unfamiliar environment, distinguish male/female bathroom, close door when using toilet, known on door prior to entering bathroom. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of health and safety including: ride exercise bicycle,</p>		<p>Director, GCARC Quality Assurance Director, and Admissions Committee will screen individuals prior to placement to ensure the individual is suitable for group home level of care and is in need of active treatment services.5. GCARC is requesting a 7 month ICF/MR Residential extension for Client #1 from the decertification date of March 8, 2012, so that Client #1 has adequate time to prepare for her LOC that is currently being processed by IDEC. Admission screening or changes shall take effect no later than May 12, 2012.</p> <p>1. To Address W198: Client #1 has been assessed not to be in need of active treatment and has been de-certified from ICF/MR LOC. Client #1 hopes to get a Waiver, therefore Client #1 is requesting a seven (7) month extension allowing time for placement elsewhere.2. Assessment packets are reviewed on all residents prior to placement to ensure the individual meets LOC for group home placement.3. To ensure the deficient practice does not recur, in the future all potential Admissions will be reviewed by the GCARC Admissions Committee to determine if placement is appropriate for group home LOC.4. To prevent reoccurrence, the GCARC Quality Assurance</p>				

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	complete weekly exercise routine, recognize health hazards or safety hazards, indicate point of discomfort, initiate treatment for minor illness and injuries, and recognize symptoms of illness and report to staff. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of self direction including: follow daily routine, establish weekend routine, seek assistance with problems, resolve problems in familiar situations, advocate for personal needs. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of social skills including: establish eye contact with person talking to him/her, show affection toward familiar people, watch actions of others, initiate interactions with peers, behave to satisfy staff/family, follow rules of living area, establish friendship with peers, apologize for unintentional mistakes, respond appropriately when introduced to strangers, remember birthdays of family/friends, attend community events with family/friends, go on a single date with a peer with staff supervision. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of communication skills including: say at least 10 recognizable words, ask questions to seek answers, give simple account for experience, spontaneously		Director and Admissions Committee will assess individuals prior to placement to ensure the individual is in need of active treatment and meets ICF/MR LOC criteria.5. GCARC is requesting a 7 month extension period from the May 12 POC compliance date (date POC was submitted) so that Client # 1 has adequate time to prepare for exit from Stout St. Client #1 wishes to move to Waiver and Client #1 is currently appealing a Waiver denial decision. W0198: 1. Client #1 has been found not to be in need of receiving active treatment services. Client #1 was at one time eligible for group home services and was on the State referral list for ICF/MR placement. Client #1 has been decertified and she is currently hoping to get a Waiver slot. Therefore, Client #1's Residential team at GCARC is requesting a 7 month extension time for Client #1 to have time to establish LOC for Waiver and for time to prepare for a Waiver home. Client #1 has indicated she wishes to maintain GCARC as her Waiver provider. 2. Assessments are conducted on all residents to ensure they are suitable for ICF/MR placement. 3. To ensure the deficient practice does not recur, in the future any potential Admissions will be reviewed by the GCARC Admissions Committee				

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	<p>relate experiences in simple terms, identify by pointing to all body parts, describe movie, story, or experiences, communicate wants/needs, name or identify common objects.</p> <p>Client #1's 2/6/12 Individual Program Plan (IPP) indicated she had the following training objectives:</p> <ul style="list-style-type: none"> <li>-independently read 5 new sight words a month</li> <li>-Independently shave 3 times a week</li> <li>-Independently pop out own 8 PM medications</li> <li>-Independently complete PT (Physical Therapy) exercises 5 times a week</li> <li>-Independently make change for a dollar</li> <li>-Independently state phone number</li> <li>-Independently cook a dinner vegetable from the menu 2 times a week</li> <li>-Independently identify what to do in case of a sprain or cut</li> <li>-Independently state her zip code.</li> </ul>		<p>to determine if the individual is appropriate for group home placement.4. The Residential Director, GCARC Quality Assurance Director, and Admissions Committee will screen individuals prior to placement to ensure the individual is suitable for group home level of care and is in need of active treatment services.5. GCARC is requesting a 7 month ICF/MR Residential extension for Client #1 from the decertification date of March 8, 2012, so that Client #1 has adequate time to prepare for her LOC that is currently being processed by IDEC. Admission screening or changes shall take effect no later than May 12, 2012.</p> <p>W0198: 1. Client #1 has been found not to be in need of receiving active treatment services. Client #1 was at one time eligible for group home services and was on the State referral list for ICF/MR placement. Client #1 has been decertified and she is currently hoping to get a Waiver slot. Therefore, Client #1's Residential team at GCARC is requesting a 7 month extension time for Client #1 to have time to establish LOC for Waiver and for time to prepare for a Waiver home. Client #1 has indicated she wishes to maintain GCARC as her Waiver provider. 2. Assessments are conducted on all residents to</p>		

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	<p>Interview with the staff #1 on 6/7/12 at 5:00 PM indicated client #1 is still above the functioning level of all of the other clients that live in the group home. Staff #1 stated "All [client #1] needs is a little nurturing, and she will thrive."</p> <p>Interview with the Home Manager (HM) on 6/7/12 at 2:00 PM indicated client #1 was her own guardian and could live in a less restrictive environment. The HM indicated client #1 was still functioning at a higher level than the other clients at the group home.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 6/7/12 at 2 PM indicated client #1 is still independent in the same areas and the facility is actively looking for her new placement.</p> <p>This deficiency was cited on 3/8/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		<p>ensure they are suitable for ICF/MR placement. 3. To ensure the deficient practice does not recur, in the future any potential Admissions will be reviewed by the GCARC Admissions Committee to determine if the individual is appropriate for group home placement.4. The Residential Director, GCARC Quality Assurance Director, and Admissions Committee will screen individuals prior to placement to ensure the individual is suitable for group home level of care and is in need of active treatment services.5. GCARC is requesting a 7 month ICF/MR Residential extension for Client #1 from the decertification date of March 8, 2012, so that Client #1 has adequate time to prepare for her LOC that is currently being processed by IDEC. Admission screening or changes shall take effect no later than May 12, 2012.</p>		