

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  04/15/2013
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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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W000000	<p>This visit was for a post certification revisit (PCR) to complaint #IN00122973 investigated on 3/8/13.</p> <p>Complaint #IN00122973: Corrected</p> <p>This visit was a PCR to complaint #IN00124653 investigated on 3/8/13.</p> <p>Complaint #IN00124653: Not Corrected</p> <p>Survey Dates: April 11, 12 and 15, 2013</p> <p>Facility Number: 000951 Aims Number: 100244590 Provider Number: 15G437</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>This deficiency reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 19, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000		

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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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (A, B, C, D) and three non-sample clients (E, F, G) to ensure a sufficient number of direct care staff worked in the home to supervise and manage the clients to meet their needs.</p> <p>Findings include:</p> <p>An observation was done at the group home on 4/11/13 from 4:20p.m. to 5:30p.m. During the observation there were 7 clients (A, B, C, D, E, F and G) and 2 direct care staff. At 4:32p.m. staff #4 went into the office and left staff #5 with 7 clients. Staff #5 was doing formal goal training with client E in the living</p>	W000186	The facility has signed a contract with Bella Staffing which is a temp service in Princeton IN. As of today 5/2/13 we currently have triple staff at 1015 S Stout St, Princeton, IN 47670 during the busy time in the mornings and the busy times in the evenings.	05/02/2013			

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	<p>room. Client A was in the back of the house attempting to get into another client's bedroom. Client A came to the living room and took off his shirt while in the living room. At 4:35p.m., administrative staff #2 arrived at the group home. At 4:37p.m. one staff went into the medication room to pass medication and one staff was in the kitchen with clients E and F preparing supper. At 4:49p.m. 1 staff was passing medication, 1 staff was in the kitchen assisting with supper preparation and Administrative staff #1 had taken client B to the restroom. There were no staff in the living room/activity room with clients A, C, D and G. At 5:02p.m. client A went towards peers' bedrooms. Client A needed 1 to 1 assistance from administrative staff #1 to ensure he stayed out of the peers' bedrooms.</p> <p>Record review on 4/15/13 at 8:30a.m. of the facility's "Consumer Work Reported" time reports, indicated only 2 staff worked on the 4/6/13 evening shift.</p> <p>Record review for client A was done on 4/11/13 at 1:10p.m. Client A had a 11/15/11 behavior management plan that included/addressed going into peers' rooms, food stealing, choking and disrobing.</p>						

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	<p>First confidential (FC) interview indicated there were 2 staff scheduled for the evening shift on 4/11/13. FC indicated there were still times when only 2 staff were on duty during the day/evening shifts. FC indicated it was hard to supervise the clients with 2 staff during medication passes and meal preparation.</p> <p>Second confidential (SC) interview indicated they thought there were only 2 staff scheduled for the evening of (4/11/13). SC indicated there was supposed to be 3 staff due to the behaviors of client A and the transfers/toileting needs of client B and client D.</p> <p>Administrative staff #1 was interviewed on 4/11/13 at 5:17p.m. Staff #1 indicated there should be 3 staff on duty during the afternoon/evening to assist with medication pass, bathing/toileting and programming. Staff #1 indicated there were still a couple of nights a week with open shifts. Staff #1 indicated the facility was continuing to actively seek new employees for the group home and to fill shift openings with administrative staff if needed.</p> <p>This federal tag relates to complaint #IN00124653.</p>						

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	This deficiency was cited on 3/8/13. The facility failed to implement a systemic plan of correction to prevent recurrence.  9-3-3(a)				