

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G464	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/10/2012
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NAME OF PROVIDER OR SUPPLIER  ARC OF NORTHWEST INDIANA INC, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2414 WOODLANE MERRILLVILLE, IN 46410
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W0000	<p>This visit was for the post certification revisit (PCR) to the pre-determined full recertification and state licensure survey. This visit included the PCR to the investigation of complaint #IN00118284 completed on 10/26/12.</p> <p>Complaint #IN00118284-Not Corrected.</p> <p>Dates of Survey: 12/6, 12/7 and 12/10/12</p> <p>Facility Number: 000978 Provider Number: 15G464 AIMS Number: 100249370</p> <p>Surveyors: Christine Colon, Medical Surveyor III-Team Leader Paula Chika, Medical Surveyor III</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 12/14/12 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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W0130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 1 of 3 sampled clients (#2), the facility failed to protect the client's privacy while dressing.</p> <p>Findings include:</p> <p>During the 12/7/12 observation period between 6:00 AM and 7:30 AM, at the group home, client #2 was dressing in her bedroom with the door open at 6:24 AM. Staff #2 walked into client #2's bedroom to check on the client. Staff spoke to the client and then turned around and walked out. Staff #2 did not encourage client #2 to close her bedroom door and/or close the door for client #2 to protect her privacy.</p> <p>Interview with the Service Coordinator (SC) on 12/7/12 at 11:15 AM indicated client #2 would leave her bedroom door open while dressing. The SC facility staff should close and/or encourage client #2 to close her bedroom door while dressing.</p> <p>9-3-2(a)</p>	W0130	<p>Staff will be retrained to preserve client's dignity. They will be re-trained to prompt client's to close doors while dressing, bathing, or using the bathroom. To ensure future compliance, Service Coordinator will visit the home weekly for 2 months and bi-weekly thereafter.</p>	12/26/2012			

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W0192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on observation, record review and interview, the facility failed for 3 of 3 sampled clients observed during medication administration (clients #1, #2 and #3) by staff not demonstrating skills and competency to administer medications as prescribed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/7/12 from 6:00 A.M. until 7:30 A.M.. At 6:40 A.M., client #2 received her morning prescribed medications. Direct Support Professional (DSP) #2 administered her "OS Cal 500 plus D tablet chewable (supplement)...1 tablet orally twice daily...Take with food/meal...Nabumetone 750 mg (milligram) tablet (Antiarthritic)...1 tablet orally twice daily...Take with food/meal, take with plenty of water...Phenytoin 125 mg/5 ml (milliliter) (anticonvulsant)...Give 6 ml orally twice daily...Take with plenty of water." Client #2 did not take her medications with food/meal and drank an ounce of water. Client #2 ate her breakfast at 7:30 A.M..</p>	W0192	<p>Staff will be re-trained to administer medications according to doctors' orders. Medications that state to take on an empty stomach will be given before a meal, and medications that state to take with food will be given after mealtime. Staff will be re-trained to prompt clients to drink plenty of water with medications as ordered.</p> <p>To ensure future compliance, Community Services Nurse will view medication passes bi-weekly for two months and monthly thereafter.</p>	12/26/2012			

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	<p>At 6:57 A.M., client #3 received her morning prescribed medications. Client #3 chewed all of her medications before swallowing. Direct Support Professional (DSP) #2 administered her "Seroquel XR (extended release) 400 mg tablet (bipolar)...1 tablet orally every morning...Take with food/meal or light meal...Do not chew or crush...Detrol 4 mg capsule (Over active bladder)...1 tablet orally once daily...Do not chew/crush swallow whole." Client #3 ate breakfast at 7:30 A.M..</p> <p>At 7:25 A.M., client #1 received her morning prescribed medications. DSP #2 administered her "Ferrous Sulfate (iron supplement)...Give 2.5 milliliters orally twice daily...Take on an empty stomach." Client #1 ate breakfast at 7:30 A.M..</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 12/7/12 at 11:30 A.M.. The LPN indicated staff should administer all medications as prescribed. The nurse further indicated staff should follow directions on medication labels on medication packets.</p> <p>This deficiency was cited on 10/26/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						

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	9-3-3(a)			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to implement the clients' Individual Support Plans (ISPs) when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>1. A morning observation was conducted at the group home on 12/7/12 from 6:00 A.M. until 7:30 A.M.. During the entire observation period client #1 sat in a recliner with no activity and did not communicate in her home. Client #1 did not learn to identify coins and did not utilize a communication book and was not prompted to do so. At 7:25 A.M., Direct Support Professional (DSP) #2 administered client #1's prescribed morning medications. Client #1 did not get her water for her medication.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 12/7/12 at 10:31 A.M.. Review</p>	W0249	<p>The Service Coordinator will retrain DSPs on implementation of objectives and document training.</p> <p>To ensure future compliance, the Service Coordinator will observe implementation of the program objectives weekly for 2 months and bi-weekly thereafter.</p>	12/26/2012			

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	<p>of client #1's Individual Support Plan (ISP) dated 6/6/12 indicated the following objectives which could have been implemented during the 12/7/12 morning observation: "Will learn to get her liquid preparation (water or lemonade) for medication...Will continue to utilize her communication book daily...Will learn to identify coins (quarter, nickel, dime, penny)."</p> <p>2. During the 12/7/12 observation period between 6:00 AM and 7:30 AM, at the group home, staff #2 poured client #2's cereal into a bowl and made the client's toast without encouraging the client to participate in the task. During the above mentioned observation period, client #2 was non-verbal in communication in that the client did not speak. Staff #1 and #2 did not encourage and/or implement any communication training with the client.</p> <p>Client #2's record was reviewed on 12/7/12 at 10:15 AM. Client #2's 6/20/12 ISP indicated client #2 had objectives to prepare a side dish and to identify pictures in a book which facility staff did not implement and/or encourage when formal and/or informal training opportunities existed.</p> <p>3. During the 12/7/12 observation period</p>						

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	<p>between 6:00 AM and 7:30 AM, at the group home, client #3 was non-verbal in communication in that the client did not speak. Staff #1 and/or #2 did not encourage and/or implement any communication training with the client.</p> <p>Client #3's record was reviewed on 12/7/12 at 10:35 AM. Client #3's 6/8/12 ISP indicated the client had an objective to learn to communicate using pictures in a communication book. Facility staff did not implement client #3's communication training objective when opportunities for training existed.</p> <p>Interview with the Service Coordinator on 12/7/12 at 11:15 AM stated client #1, #2 and #3's objectives should be implemented "at all times."</p> <p>This deficiency was cited on 10/26/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sampled clients (client #1), the facility's nursing services failed to provide an assessment for the client's documented injury.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 12/7/12 at 10:31 A.M.. Review of client #1's medical record indicated:</p> <p>Nursing notation dated 11/5/12: "Received an e-mail from staff that [client #1] has a lump on the back of her leg. Its (sic) a 1" (inch) movable flap like piece of skin. She will see [Physician name] on Friday 11/9/12 to have it medically assessed." Further review of the record failed to indicate the facility's nursing staff assessed client #1's injury.</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted at the facility's administrative office on 12/7/12 at 11:30 A.M.. The LPN indicated when nursing staff assesses clients it is documented in the client's medical record. When asked if there was documentation in client #1's record to indicate nursing</p>	W0331	<p>All injuries and changes in skin condition will be assessed by the Nurse within 24 hours and documented in the client's medical chart.</p> <p>To ensure future compliance, Service Coordinator will review client medical charts weekly to check for documentation.</p>	12/26/2012			

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	<p>staff assessed client #1's noted medical concern, the LPN stated "No."</p> <p>This deficiency was cited on 10/26/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>				

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W0388	<p>483.460(m)(1)(i) DRUG LABELING</p> <p>Labeling for drugs and biologicals must be based on currently accepted professional principles and practices.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #2), who received medications, to have the medication labeled from the pharmacy.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/7/12 from 6:00 A.M. until 7:45 A.M.. Client #2's medications were administered by Direct Support Professional (DSP) #2 at 6:40 A.M.. A bottle of Fluticasone Propionate was taken from client #2's medication bag. The bottle did not contain client #2's name or instructions for administration. The bottle did not contain a pharmacy label. At 6:45 A.M., a review of the December 2012, Medication Administration Record (MAR) indicated: "Fluticasone Propionate...1 to 2 sprays in each nostril...once daily." At 7:25 A.M., DSP #2 administered client #1's morning medications. A bottle of Ergocalciferol Oral Solution was taken from client #1's medication bag. The bottle did not contain client #1's name or instructions for administration. The bottle did not contain a pharmacy label.</p>	W0388	<p>Nursing staff will check all medication to ensure they are properly labeled and Staff will be re-trained to keep medications in the box with the label so that medication is properly labeled. To ensure future compliance, the Community Services Nurse will check medications for labels bi-weekly for 2 months and monthly thereafter.</p>	12/26/2012			

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	<p>An interview was conducted on 12/7/12 at 6:43 A.M., with DSP #2. DSP #2 indicated the Fluticasone Propionate was for client #2, however it did not have a label. DSP #2 indicated the Ergocalciferol Oral Solution was for client #1, however it did not have a label or packaging with a label.</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 12/7/12 at 11:30 A.M.. The LPN indicated all medications should have a pharmacy label on them.</p> <p>9-3-6(a)</p>			
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