

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G155	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/15/2014
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NAME OF PROVIDER OR SUPPLIER PIKE COUNTY ARC MAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 MAIN ST PETERSBURG, IN 47567
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 4, 6, 7, 8 and 15, 2014</p> <p>Facility Number: 000691 Provider Number: 15G155 AIM Number: 100234490</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/22/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview for 1 of 4 sampled clients (client #1), the facility failed to ensure the client's diet plan was followed.</p>	W000460	This is in response to an incomplete POC. Below is the requested infoQIDP reviewed all clients' diet plans with staff and how to follow them. (attachment B) The QIDP will visit the home	09/12/2014

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>Findings include:</p> <p>During the observation period on 8/6/14 from 3:25 PM to 7:20 PM, client #1 was observed at 3:25 PM eating a snack package of six peanut butter filled crackers. Client #1 went to the pantry at 3:50 PM, 4:05PM and 4:15 PM and got more packages of snack crackers and ate them while walking around with head phones on listening to music. Client #1 was observed eating 4 packages of crackers. Staff did not redirect client #1 on the number of snacks until 6:00 PM when he returned to the kitchen to get another snack. Staff #3 did ask him to wait at that time since dinner was going to be served soon. Client #1 complied with the request. The crackers package indicated there were 200 calories in each package.</p> <p>The record review for client #1 was conducted on 8/6/14 at 12:11 PM. The dining plan date was 4/3/14 for client #1 and indicated his diet was low cholesterol, low fat (reduce pop (sodas)) and starches from diet, 1800 calorie diet.</p> <p>Interview with administrative staff #1 on 8/8/14 at 1:30 PM indicated client #1 should have been redirected from eating so many crackers for snack. Administrative staff #1 indicated the</p>		during meal and snack times a minimum of twice weekly. If any problems or noncompliance with diet plans is observed, the QIDP will visit daily until issue is corrected.				

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W009999	<p>home has a recommended snack for the client's diet that is supposed to be followed.</p> <p>9-3-8(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-3 Facility Staffing (e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (TB, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per</p>	W009999	<p>The facility failed to provide documentation that the Mantoux TB skin test or chest x-ray and/or screening was done annually. Prior to survey, the facility provided annual skin tests to clients and staff who could tolerate it and a chest x-ray every two years for individuals who are allergic to the skin test. A new policy was written (attachment C) which requires the facility to conduct annual screenings for those allergic to Mantoux. This screening will be conducted by the agency nurse and documented using the "Annual TB Symptoms Evaluation" (Attachment D). Staff #5 was given the "Annual TB Symptoms Evaluation" and the results were documented by the nurse.</p> <p>In the future the facility will continue to provide the Mantoux skin test annually to all staff and clients who tolerate it. Individuals allergic to Mantoux will be screened annually using the "Annual TB Symptoms Evaluation" and given a chest x-ray</p>	09/04/2014
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	<p>diagnosis for the length of time prescribed by the physician.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 staff records reviewed (staff #5), the facility failed to provide documentation the Mantoux tuberculosis skin test or chest x-ray and/or screening was done annually.</p> <p>Findings include:</p> <p>The staffing record review was done on 8/6/14 at 10:30 AM. The record indicated staff #5 had her last chest x-ray on 9/5/12. There was no indication a screening test had been done or a test was scheduled to be done.</p> <p>Interview with staff #8, LPN (Licensed Practical Nurse) on 8/8/14 at 10:00 AM, indicated they were not aware it was necessary to do a screening and the facility policy was to require a chest x-ray every two years.</p> <p>9-3-3(e)</p>		<p>every two years. The nurse reviewed all client and staff TB records and identified all individuals needing an annual screen and documented the evaluations.</p> <p>The facility will use Mantoux skin test annually for all clients and staff who are not allergic to it. Individuals allergic to it will be screened for symptoms annually using the "Annual TB Symptoms Evaluation." They will continue to receive a chest x-ray every two years as well.</p> <p>The agency nurse will complete all TB skin tests, "Annual TB Symptoms Evaluations", and get orders for chest x-rays.</p>	

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

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