

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G475	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/01/2013
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NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5777 ELLSWORTH CT MERRILLVILLE, IN 46410
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: January 8, 9 and 11, 2013 and February 1, 2013</p> <p>Facility number: 000989 Provider number: 15G475 AIM number: 100244900</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/11/13 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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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to provide age appropriate activities for 1 of 5 clients residing at the group home (client #5).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 1/9/13 from 4:45 P.M. until 6:40 P.M.. At 5:30 P.M., Direct Support Professional (DSP) #3 handed client #5 a plastic children's see and say toy. DSP #3 placed a wooden children's puzzle on the couch next to client #5. DSP #3 prompted client #5 to play with the toys. Client #5 was not provided any other activities during the observation.</p> <p>An interview with the Service Coordinator (SC) was conducted on 1/11/13 at 2:25 P.M.. The SC indicated client #5 should be offered age appropriate activities.</p> <p>9-3-2(a)</p>	W0137	Age appropriate items will be made available in the home. Staff will be- trained to encourage clients to engage in sensory activities that are age appropriate by 3/3/13. To ensure future compliance, the Service Coordinator will visit the home bi-weekly to ensure there are age appropriate activities available for all clients.	03/03/2013

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 2 of 3 sampled clients (clients #2 and #3), the facility's Qualified Mental Retardation Professional (QMRP) failed to monitor clients' programs in regards to timely revisions and implementation/tracking of program objectives.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 1/11/13 at 1:30 P.M.. The Individual Support Plan (ISP) dated 12/22/11 indicated: "Will budget monthly finances...will dust the living room furniture and clean the front windows...will complete a personal hygiene checklist...will learn about new places in the community...will participate in a group activity for at least 15 minutes." Further review of client #2's record failed to indicate the QMRP monitored program data to see if client #2 made progress/regressed or completed program objectives for the months of 6/12, 7/12, 9/12, 11/12 and 12/12.</p>	W0159	All goal data will be reviewed by the Service Coordinator and progress notes will be created by 3/3/13. To ensure future compliance, the Service Coordinator will review goal data and sign progress notes on a monthly basis. This will be reviewed by the Lead Service Coordinator once per quarter for the next six months and periodically thereafter.	03/03/2013

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	<p>A review of client #3's record was conducted on 1/11/13 at 12:40 P.M.. The ISP dated 10/5/11 indicated: "Will continue to sort coins in a bowl by likeness of coins and amounts...will learn to make a side dish for dinner...will make a purchase and give the money to the cashier...will continue to work on personal hygiene including washing his hands before lunch and after using the toilet...will continue to learn about his medications-nonverbal...will continue to learn to take a bath independently...will learn to clean his glasses daily...will be encouraged to go to the bathroom every 2 hours...will continue to follow up with physicians, continue a healthy diet...will be encouraged to eat food slowly during meal times." Further review of client #3's record failed to indicate the QMRP monitored program data to see if client #3 made progress/regressed or completed program objectives for the months of 6/12, 7/12, 9/12, 11/12 and 12/12. for the months of 6/12, 7/12, 9/12, 11/12 and 12/12.</p> <p>An interview with the Service Coordinator (SC) was conducted on 1/11/13 at 2:45 P.M.. The SC indicated clients' program objectives are to be monitored by the QMRP monthly and</p>			

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	<p>immediately entered into the computer database. No further documentation was available for review to indicate the QMRP monitored client #2 and #3's program objectives. 9-3-3(a)</p>			

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W0217	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status.</p> <p>Based on record review and interview, for 2 of 3 sampled clients (clients #2 and #3), the facility failed to complete and review their nutritional assessments.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted at the facility's administrative office on 1/11/13 at 1:30 P.M.. Review of client #2's record failed to indicate a nutritional assessment was completed. No documentation was available for review to indicate a nutritional assessment had been completed.</p> <p>A review of client #3's record was conducted at the facility's administrative office on 1/11/13 at 12:40 P.M.. Review of client #3's record indicated a most current annual nutritional assessment dated 10/13/11 which indicated "Mechanical Soft, with ground meat." Client #3's most current Physician's Orders (PO) dated 1/12 indicated he was on a "Chopped Diet." No documentation</p>	W0217	All clients at this home had a nutritional assessment completed in January 2013. The Service Coordinator will ensure this is available in the clients' master files and that the physician's orders reflect the current diet order by 3/3/13. To ensure future compliance, the Service Coordinator will ensure all medical documentation is available in the clients' master file.	03/03/2013			

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	<p>was available for review to indicate client #3's nutritional assessment was reviewed and the discrepancy with diet orders assessed or addressed.</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 1/11/13 at 2:45 P.M.. The SC indicated there was no documentation available for review to indicate a nutritional assessment was completed for client #2. When asked which diet staff should provide client #3 with, the SC stated "I'm not sure." 9-3-4(a)</p>			

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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, record review, and interview, the facility failed to implement written objectives during times of opportunity for 4 of 5 clients residing at the group home (clients #1, #3, #4 and #5).</p> <p>Findings include:</p> <p>1. A morning observation was conducted at the group home on 1/8/13 from 5:45 A.M. until 7:45 A.M..</p> <p>At 6:35 A.M., Direct Support Professional (DSP) #1 administered client #4's prescribed medications. Client #4 did not learn the six rights of his medications.</p> <p>At 6:45 A.M., DSP #1 administered client #5's oral prescribed medications. Client #5 did not learn about his medications.</p> <p>At 7:00 A.M., DSP #1 administered client #3's oral prescribed medications. Client #3 did not learn about his medications.</p>	W0249	Staff will be re-trained on proper program implementation and documentation by 3/3/13. To ensure future compliance, the Service Coordinator will review program implementation bi-monthly for two months and at least monthly thereafter.	03/03/2013	

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	<p>2. An evening observation was conducted at the group home on 1/9/13 from 4:45 P.M. until 6:40 P.M.. Clients #1, #3 and #5 sat in the living room with no meaningful active treatment from 4:45 P.M. until 6:00 P.M.. DSP #1 and #3 walked into the living room and checked on the clients occasionally, but did not offer meaningful active treatment.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 1/11/13 at 12:15 P.M.. The record indicated a most current Individual Support Plan (ISP) dated 11/7/11 which indicated: "Will continue to identify coins by placing said coin in a bowl with like coins...will continue to prepare a side dish for sinner (sic)."</p> <p>A review of client #3's record was conducted at the facility's administrative office on 1/11/13 at 12:40 P.M.. The record indicated a most current ISP dated 10/5/11 which indicated: "Will continue to sort coins in a bowl by likeness...will learn to make a side dish for dinner...will continue to learn about his medications."</p> <p>A review of client #4's record was conducted at the facility's administrative office on 1/11/13 at 1:15 P.M.. The record indicated a most current ISP dated</p>			

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	<p>11/22/11 which indicated: "Will learn the 6 rights of medication."</p> <p>A review of client #5's record was conducted at the facility's administrative office on 1/11/13 at 2:05 P.M.. The record indicated a most current ISP dated 2/7/11 which indicated: "Will continue to engage in a group sensory activity...will continue to engage in a group socialization activity daily...will hold a large pen or coloring tool...will continue to reach for and touch and (sic) item that staff holds out in front of him...will continue to prepare a healthy side dish for dinner...will continue to learn about his medications (non verbal)."</p> <p>The Service Coordinator (SC) was interviewed on 1/11/13 at 2:45 P.M.. The SC stated client objectives should be implemented "during times of opportunity." The SC further indicated clients #1, #3, #4 and #5 should have been provided with meaningful active treatment activities during the observation periods.</p> <p>9-3-4(a)</p>			

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W0259	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>Based on record review and interview, the facility failed to assure a Comprehensive Functional Assessment (CFA) was reviewed at least annually for 3 of 3 sampled clients residing in the group home (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 1/11/13 at 12:15 P.M.. The review failed to indicate a CFA had been conducted for client #1 since 3/23/11.</p> <p>A review of client #2's record was conducted on 1/11/13 at 1:30 P.M.. The review failed to indicate a CFA had been conducted for client #2 since 4/26/11.</p> <p>A review of client #3's record was reviewed on 1/11/13 at 12:40 P.M.. The review indicated client #3's last CFA was completed on 3/24/11.</p> <p>An interview with the Service Coordinator (SC) was conducted on 1/11/13 at 2:45 P.M.. The SC indicated the facility did not have documentation of</p>	W0259	All clients for this home had new developmental assessments completed in December 2012. They will be printed and placed in the in the clients' master files by 3/3/13. To ensure all necessary documentation can be found in the clients' master files.	02/03/2013

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	current CFAs being conducted for clients #1, #2 and #3. 9-3-4(a)			

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W0260	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #4 and #5), the failed failed to ensure their Individual Support Plans (ISP) were revised within 365 days of the previous ISP.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 1/11/13 at 12:15 P.M.. Client #1's record indicated a most recent ISP dated 11/7/11. There was no evidence of a more recent signed and dated ISP.</p> <p>A review of client #2's record was conducted on 1/11/13 at 1:30 P.M.. Client #2's record indicated a most recent ISP dated 12/22/11. There was no evidence of a more recent signed and dated ISP.</p> <p>A review of client #3's record was conducted on 1/11/13 at 12:40 P.M.. Client #3's record indicated a most recent ISP dated 10/5/11. There was no evidence of a more recent signed and dated ISP.</p>	W0260	All clients in this home had annual team meetings in January 2013. Updated ISPs will be printed and sent to the home, day program, and family by 3/3/13. To ensure future compliance, the Individual Program Coordinator and Service Coordinator will ensure all necessary documentation can be found in the clients' master files, IPP folders, and at the home.	03/03/2013	

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	<p>A review of client #4's record was conducted on 1/11/13 at 1:15 P.M.. Client #4's record indicated a most recent ISP dated 11/22/11. There was no evidence of a more recent signed and dated ISP.</p> <p>A review of client #5's record was conducted on 1/11/13 at 2:05 P.M.. Client #5's record indicated a most recent ISP dated 4/14/11. There was no evidence of a more recent signed and dated ISP.</p> <p>An interview with the Service Coordinator (QMRP) was conducted on 1/11/13 at 2:45 P.M.. The QMRP indicated each client's ISP should be updated annually and further indicated the ISPs in client #1, #2, #3, #4 and #5's records were the most current.</p> <p>9-3-4(a)</p>				

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W0323	<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, the facility failed to assure 1 of 3 sampled clients (client #3) had a follow up exam as recommended by the physician.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 1/11/13 at 12:40 P.M.. Client #3's record indicated a most current vision evaluation/assessment dated 12/20/11 which indicated: "Return in 1 year." Review of client #3's record failed to indicate he had a follow up exam completed. No further documentation was available for review to indicate client #3 had a follow up visit as recommended.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted 1/11/13 at 2:45 P.M.. The QMRP indicated there was no documentation in the client's record to show the follow up visit occurred as recommended by the optometrist.</p> <p>9-3-6(a)</p>	W0323	<p>This client was in the hospital when his annual eye appointment was scheduled. This appointment was rescheduled for 1/15/13. To ensure future compliance, the Community Services Nurse and Service Coordinator will ensure clients attend all necessary appointments and subsequent follow ups.</p>	03/03/2013	

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W0336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on interview and record review for 1 of 3 sampled clients (client #2), the facility's nursing services failed to conduct quarterly nursing assessments for clients who did not require a nursing care plan.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 1/11/13 at 1:30 P.M.. Client #2's record indicated nursing quarterly examination/assessments were completed on 6/5/12, 9/14/12 and 12/12/12. Client #2's record failed to indicate a nursing quarterly examination/assessment was completed for 3/12. Client #2's 12/22/12 Individual Support Plan (ISP) indicated the client did not require a medical care plan. Client #2's 1/13 physician's orders indicated the client received routine medications. Client #2's 1/12 physician's orders indicated client #2's diagnoses included, but were not limited to, Intractable seizures, Bi-Polar Disorder and Obsessive Compulsive Disorder.</p>	W0336	This client had a quarterly nursing assessment on 3/23/12. This citation states that his assessment for March was missing.	03/03/2013

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	<p>An interview with the facility's administrator was conducted on 2/1/13 at 3:45 P.M.. The facility's administrator indicated quarterly nursing assessments/examinations should be completed every 3 months. The facility's administrator indicated she did not know if there were any additional nursing quarterly assessments for the client.</p> <p>9-3-6(a)</p>			

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, during medication administration, for 4 of 5 clients observed during medication administration (clients #1, #2, #3 and #5), whose oral medications were popped out of the containers, onto staff's bare hands, placed on the bare counter top and administered.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/8/13 from 5:45 A.M. until 7:45 A.M.. At 6:45 A.M., Direct Support Professional (DSP) #1 popped each of client #5's oral prescribed medications out of each packet, onto her bare hands and placed each medication onto the bare countertop and prompted client #5 to take his medications. At 7:00 A.M., DSP #1 popped each of client #3's oral prescribed medications out of each packet, onto her bare hands and placed each medication onto the bare countertop and prompted client #3 to take his medications. At 7:05 A.M., Direct Support Professional (DSP) #1 popped</p>	W0455	Staff will be re-trained on proper medication pass procedures by 3/3/13. To ensure future compliance, the Service Coordinator will view medication passing weekly for two months and bi-weekly thereafter.	03/03/2013
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	<p>each of client #2's oral prescribed medications out of each packet, onto her bare hands and placed each medication onto the bare countertop and prompted client #2 to take his medications. At 7:17 A.M., Direct Support Professional (DSP) #1 popped each of client #1's oral prescribed medications out of each packet, onto her bare hands and placed each medication onto the bare countertop and prompted client #1 to take his medications</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 1/11/13 at 3:05 P.M.. The LPN stated "Staff are not to pop medications onto their bare hands and should place a paper towel on the countertop when passing medications."</p> <p>9-3-7(a)</p>				

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W9999	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 1 of 3 staff (staff #13) personnel files reviewed, the facility failed to ensure a</p>	W9999	Attached is the background check for the staff in question. This was completed on 3/31/11, prior to employment and miss filed during the initial parts of the survey.	03/03/2013

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	<p>criminal history check was obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's administrative records were reviewed on 1/11/13 at 1:15 P.M.. Review of the personnel file for staff #13 failed to indicate a criminal history check was completed prior to his employment.</p> <p>The Operations Director (OD) was interviewed on 2/1/13 at 4:00 P.M.. The OD indicated the facility conducts an Indiana State Police (ISP) criminal background check for all staff prior to employment. The OD indicated an ISP criminal background check should have been completed.</p> <p>9-3-2(c)(3)</p>				