

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 11/21/2014
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	<p>This visit was for the investigation of complaint #IN00158832.</p> <p>Complaint #IN00158832 - Substantiated. Federal/State deficiency related to the allegation was cited at W217.</p> <p>Dates of Survey: November 19, 20, 21, 2014</p> <p>Provider Number: 15G437 Aims Number: 100244590 Facility Number: 000951</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 12/2/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000217	<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, the facility failed for 1 of 3 sampled clients (A) to ensure client A's nutritional status was assessed for his refusal of</p>	W000217	The surveyor stated " Client A's 10/1/14 physician's orders indicated client A was to receive a pureed diet with honey thickened liquids." (#1) reviles client A was discharged on 11/3/2014 with	12/12/2014

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>honey thickened fluids.</p> <p>Findings include:</p> <p>Record review for client A was done on 11/19/14 at 1:20p.m. Client A's 10/1/14 physician's orders indicated client A was to receive a pureed diet with honey thickened liquids. Facility nursing notes on 10/24/14, 10/31/14 and 11/14/14 indicated client A had been refusing to drink honey thickened fluids. Client A had a 3/21/14 risk plan for "History of Urinary tract infection, Dehydration and Urinary Retention." The plan indicated staff should encourage fluids of at least 2000 milliliters per day.</p> <p>Staff #1 (nurse) was interviewed on 11/20/14 at 10:38a.m. Staff #1 indicated client A's current diet order included honey thickened liquids. Staff #1 indicated client A had been recently refusing the honey thickened fluids. Staff #1 stated client A doesn't like the Thick-it, "he just doesn't like the consistency." Staff #1 indicated client A was in need of a reassessment for his recent refusals to drink the honey thickened liquids and his fluid intake.</p> <p>This federal tag relates to complaint #IN00158832.</p>		<p>orders of honey thick liquids. No orders received 10/1/2014.(#2) Nurse documented client A was not eating or drinking, followed up on 10/25/14 where client A was eating and drinking 50% of meal. 10/26/2014 noticed a decline and went to ER due to poor intake/output. Client A received IV fluids and sent home with diagnosis of constipation. (#7) 10/27/2014 on page #4 on the ER report states skin was pink, no acute distress, hydration normal, labs within normal limits but IV was still given. Final diagnosis constipation. 10/27/2014 client A saw his PCP. Order 7 states to continue with sippy cup(#3) and in evening went to Deaconess Gateway ER and was admitted for hyperthermia and dehydration to the ICU. Discharged from Gateway the evening of 11/3/2014 with honey thickened liquids. 11/4/2014 agency nurse contacted Doctor Brink's office for clarification on the honey thick liquids. 11/5/2014 Doctor Brinks NP returned call to clarify the honey thickened liquids order (#4). Within a two day span client A had been hydrated by IV fluid two times and seen by ER Doctor and PCP. (#5) Updated high risk plan 11/20/2014. (#6) 11/10/2014 Doctor Brink order a swallow study to be scheduled for the first week of December.(#8) 11/5/2014 all labs normal.(#9) In services, staff were trained that if</p>				

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	9-3-4(a)		<p>they receive an order from a doctor it is to be completed that same day.(#10, 11, 12 & 13) nurse addresses her concerns to Dr. Brink and Dr. Robertson.(#14) updated dining plan adding the honey thickened liquids.(#15) nurses note of the added honey thickened liquid.12/26/2014 Nurse will ensure the nutritional assessment is updated by the dietician. (#3)</p> <p>I/O's will be collected and monitored daily. (#1 and #3)</p> <p>Monitoring the I/O's by the nurse or designee. (#4)</p> <p>12/26/2014.</p>		