

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G166	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/25/2015
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NAME OF PROVIDER OR SUPPLIER GIBSON COUNTY ARC PRINCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1512 S JEFFERSON PRINCETON, IN 47670
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00181673</p> <p>Complaint #IN00181673 - Substantiated. Federal/State deficiencies related to the allegation were cited at W136, W186, and W249.</p> <p>Dates of Survey: September 24 and 25, 2015</p> <p>Provider Number: 15G166 Aims Number: 100234410 Facility Number: 000700</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed by #09182 on 9/29/2015.</p>	W 0000		
W 0136 Bldg. 00	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on record review and interview, the facility failed for 8 of 8 clients (A, B,</p>	W 0136	Admin. staff has scheduled random pop in's into the home to	10/25/2015

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>C, D, E, F, G, H) reviewed for community access, to ensure the clients were involved in community activities/outings.</p> <p>Findings include:</p> <p>Record review of the facility's "Outing Log" for August 2015 indicated clients A, C, F, G and H had (0) zero outings. The log indicated clients B, D and E had 2 outings. There were no documented outings for 9/1/15 through 9/23/15.</p> <p>Staff #1 was interviewed on 9/24/15 at 3:18p.m. staff #1 indicated there was supposed to be 2 staff from 6a.m. to 9:15a.m. and 2 staff from 3:30p.m. to 9:30p.m. Staff #1 indicated since 8/1/15 to 9/23/15, there had been several days of single staff coverage. Staff #1 indicated the clients had not been able to get out into the community as scheduled for August and September 2015. Staff #1 indicated there was no outing documentation for 9/15.</p> <p>This federal tag relates to complaint #IN00181673.</p> <p>9-3-2(a)</p>		<p>audit documentation is all up to date and accurate. We will be using a Random Home Audit form asour guide. This will be completed bi-weekly for the next 90 days, or longer based on the outcomes of the audits. Our Executive Assistant has taken over the homes schedule so she can over see and ensure that the home will be double staffed during all busy hours. In the event we are severely short staffed and can not cover the direct care hours our admin. staff will step in and help to cover those shifts. The Home Manager will post an "up coming" monthly calendarin the home with scheduled events to ensure all clients are getting the opportunityto get out in the c community on a regular basis. We have a department goal that all consumerswill have the opportunity to get out in the community at least once a week.</p>				

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W 0186 Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>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 four non-sample clients (E, F, G, H), 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 at the group home was done on 9/24/15 from 4:10p.m. to 5:34p.m. Throughout the observation, there was 1 staff (#2) and 7 clients; A, B, C, D, E, F (client G was on a home visit) and H. From 4:10p.m. to 5:04p.m. staff #2 was in the office/medication room located in the bedroom hallway. Staff #2 left the door open during the medication pass. While staff #2 was in the office, the following occurred: At 4:12p.m. client H prepared peaches in individual containers and put chips in individual baggies. Client H put the prepared items into clients A, B, C, D, E and F's lunch boxes.</p>	W 0186	<p>The women who live in the group see each other as family and truly enjoy helping each other out. It is not abnormal for the girls to help with ice packs in lunches or emptying lunchboxes out. They enjoy their "home jobs". As far as laundry an in-service was completed with the ladies that laundry was a personal job that each of them needed to complete for themselves. The QIDP has put together a in-service training on prompting client C to use her communication device.</p> <p>The Home Manager will post an "up coming" monthly calendar in the home with scheduled events to ensure all clients are getting the opportunity to get out in the community on a regular basis. We have a department goal that all consumers will have the opportunity to get out in the community at least once a week.</p> <p>Our Executive Assistant has taken over the homes schedule so she can over see and ensure that the home will be double staffed during all busy hours. In the event we are severely short</p>	10/25/2015	

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	<p>At 4:20p.m. client C had self propelled herself using her wheelchair to the kitchen. Client C made several loud noises and kicked the wheel on her wheelchair. Staff did not respond to her. Client C was non-verbal. Staff did not prompt client C to use a communication book throughout the observation. At 4:46p.m. client H was folding client C's laundry in the laundry room. Client H then took client C's clothes to client C's bedroom without staff or client C with her. Client C was not prompted to help with her laundry.</p> <p>Record review of the facility's "Outing Log" for August 2015 indicated clients A, C, F, G and H had (0) zero outings. The log indicated clients B, D and E had 2 outings. There were no documented outings for 9/1/15 through 9/23/15.</p> <p>Staff #1 was interviewed on 9/24/15 at 3:18p.m. Staff #1 indicated there was supposed to be 2 staff from 6a.m. to 9:15a.m. and 2 staff from 3:30p.m. to 9:30p.m. Staff #1 indicated since 8/1/15 to 9/23/15, there had been several days of single staff coverage. Staff #1 indicated the clients had not been able to get out into the community as scheduled for August and September 2015. Staff #1 indicated there was no outing documentation for 9/15. Staff #1</p>		staffed and can not cover the direct care hours our admin. staff will step in and help to cover those shifts.				

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W 0249 Bldg. 00	<p>indicated clients A and C needed personal assistance with personal hygiene needs and dressing. Staff #1 indicated clients A, C, D, F and G had behavior management plans.</p> <p>Staff #3 was interviewed on 9/24/15 at 2:35p.m. Staff #3 indicated there should be 2 staff in the morning and 2 staff after the clients returned from day services in the afternoon. Staff #3 indicated they have been trying to hire new staff for the past few months.</p> <p>This federal tag relates to complaint #IN00181673.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review, and interview, the facility failed for 3 of 4 sampled clients (A, C, D) to ensure the</p>	W 0249	The QIDP has put together a in-service training to train staff on prompting client C to use their communication device. Our	10/25/2015

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	<p>clients' community outing (A, D), laundry (C) and communication (C) training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the group home was done on 9/24/15 from 4:10p.m. to 5:34p.m. At 4:20p.m., client C had self propelled herself in her wheelchair to the kitchen. Client C made several loud noises and kicked the wheel on her wheelchair. Staff did not respond to her. Client C was non-verbal. Staff did not prompt client C to use a communication book throughout the observation. At 4:46p.m. client H was folding client C's laundry in the laundry room. Client H then took client C's clothes to client C's bedroom without staff or client C with her. Client C was not prompted to help with her laundry.</p> <p>The record of client A was reviewed on 9/24/15 at 5:40p.m. Client A's 8/1/15 individual support plan (ISP) indicated client A had a training program to attend a community outing. The data documented weekly for this training program from 8/1/15 through 9/23/15 indicated the training program had not been done.</p>				<p>OIDP has also retrained home staff and consumers that laundry is a personal job and that each consumer needs to be completing that for themselves Admin. staff has scheduled random pop in's into the home to audit documentation and make sure all is up to date and accurate. We will be using a Random Home Audit form as our guide. This will be completed bi-weekly for the next 90 days, or longer based on the outcomes of the audits. We will also be looking to ensure all data goals are being completed and documented With ensuring the home is double staffed during busy hours we fill this will create more opportunities for the consumers and for staff to implement all aspects of the training program</p> <p>W249 addendum- At the end of the 90 day period if administrative staff feel the paper work is getting completed correctly they will then train the home manager to continue to complete these random home audits weekly on an ongoing bases as part as their job duties as the manager of the home</p> <p>The manager will turn all completed home audit forms into the director to oversee and to be signed off on at completion</p>		

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	<p>The record of client C was reviewed on 9/24/15 at 6:00p.m. Client C's 7/1/15 ISP indicated client C had training programs to be verbally redirected to her communication book when she was yelling. Client C had a training program to assist with her laundry. Client C's ISP indicated client C was non-verbal.</p> <p>The record of client D was reviewed on 9/24/15 at 5:50p.m. Client D's 2/24/15 ISP indicated client D had a training program to give a clerk the correct amount of money in the community. The data documented weekly for this training program from 8/1/15 through 9/23/15 indicated the training program had not been done.</p> <p>Interview of staff #2 on 9/24/15 at 5:10p.m. indicated clients B , C and D's identified training programs should be implemented at all opportunities. Staff #2 indicated the clients haven't got out as much the past 2 months.</p> <p>This federal tag relates to complaint #IN00181673.</p> <p>9-3-4(a)</p>			

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

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FORM APPROVED

OMB NO. 0938-0391

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