

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G166	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/19/2015
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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 a fundamental recertification and state licensure survey.</p> <p>Dates of survey: June 16, 17, 18 and 19, 2015.</p> <p>Provider Number: 15G166 AIMS Number: 100234410 Facility Number: 000700</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0336 Bldg. 00	<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.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3, #4), the facility failed to provide a head to toe nursing assessment of the clients at least</p>	W 0336	As of 06/05/2015 the residential nurse has completed a head to toe assessment on all clients in the home. Going forward the nurse has created a schedule and	06/26/2015

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>quarterly.</p> <p>Findings include:</p> <p>1) Record review for client #1 was completed on 6/17/15 at 9:12 AM. Client #1's medical record indicated her annual physical was completed on 3/23/15. There were no quarterly nursing assessments in the 5 months prior to the 10/7/14 quarterly head to toe nursing assessment.</p> <p>Interview with the facility's Registered Nurse on 6/19/15 at 10:05 AM indicated there were no quarterly nursing assessments completed on client #1 during the months of June 2014 through October 2014.</p> <p>2) Record review for client #2 was completed on 6/17/15 at 10:40 AM. Client #2's medical record indicated quarterly nursing assessments were completed on 5/6/14, 1/2/15 and 5/27/15. There was no quarterly nursing assessment completed in the 8 months between the 5/6/14 and 1/2/15 quarterly nursing assessments.</p> <p>Interview with the facility's Registered Nurse on 6/19/15 at 10:05 AM indicated there should have been a quarterly nursing assessment completed on client</p>		<p>spreadsheet to follow to ensure all assessments are completed. Director will follow up monthly with the nurse to oversee that this is being done.</p>				

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	<p>#2 in August or September of 2014.</p> <p>3) Record review for client #3 was completed on 6/17/15 at 11:40 AM. Client #3's medical record indicated quarterly head to toe nursing assessments were completed on 4/30/14, 12/13/14, and 3/12/15. There was no quarterly nursing assessment completed in the 7 months between the 12/13/14 and 4/30/14 nursing assessments.</p> <p>Interview with the facility's Registered Nurse on 6/19/15 at 10:05 AM indicated there should have been a head to toe nursing assessment completed in August or September of 2014. She stated "another nurse, who is no longer employed here, was completing those assessments at the time."</p> <p>4) Record review for client #4 was completed on 6/17/15 at 12:20 PM. Client #4's medical record indicated client #4's annual physical by her Primary Care Physician was completed on 11/13/14. Two subsequent quarterly nursing assessments were completed on 3/20/15 and 5/15/15. There was no quarterly head to toe nursing assessment completed in the 6 months prior to client #4's 11/13/14 annual physical.</p> <p>Interview with the facility's Registered</p>			

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	<p>Nurse on 6/19/15 at 10:05 AM indicated there should have been a quarterly nursing assessment completed in the summer of 2014. She stated "even though [client #4] saw her Primary Care Physician on 7/23/14 for a focalized visit, a head to toe assessment was not completed."</p> <p>9-3-6(a)</p>			