STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G693	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/26/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNOX COUNTY ARC-ARC AVE (105)	2968 E ARC AVE BLDG 105 VINCENNES, IN 47591

(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	This visit was for a recertification and state licensure survey. Dates of Survey: April 15, 17, 22, 23 and 26, 2013 Provider Number: 15G693 Aim Number: 200333060 Facility Number: 002937 Surveyor: Mark Ficklin, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed May 3, 2013 by Dotty Walton, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000242	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#3), to ensure client #3's individual program plan (IPP) had a training program in place to address his identified dental hygiene need. Findings include: Record review for client #3 was done on 4/22/13 at 10:28a.m. Client #3 had a 2/19/13 dental exam that indicated "needs to improve brushing." Client #3 had a 10/3/12 IPP. Client #3's IPP did not address his identified dental hygiene need. Staff #1 was interviewed on 4/23/13 at 10:40a.m. Staff #1 indicated client #3's 2/19/13 dental recommendation had not been addressed. Staff #1 indicated client #3 did not have any training programs in place to address his identified dental hygiene needs.	W000242	***W242*** Plan of Correction: Training objective will be developed for individual # 3 to address oral hygiene. Preventive Action: Managers will be retrained on updating IPPs and implementing training objectives with the needs arise. Monitoring: Coordinator will make sure that all IPPs are in fact correct and up to date. Responsible Party: Coordinator. Date to be completed: May 26, 2013	05/26/2013

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	9-3-4(a)			

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W000249	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 1 of 4 sampled clients (#2), to ensure client #2's communication training program was implemented when opportunities were present. Findings include: An observation at the group home was done on 4/15/13 from 3:58p.m. to 5:28p.m. client #2 ate supper at 4:36p.m. Client #2 did not drink with his supper. Staff #5 gave client #2 one verbal prompt to take a drink. The record of client #2 was reviewed on 4/22/13 at 9:15a.m. Client #2's 10/2/12 individual program plan (IPP) indicated client #2 had a communication training program to sign drink. Interview of staff #1 on 4/23/13 at 10:40a.m. indicated client #2 had a communication objective to sign drink. Staff #1 indicated the communication	W000249	***W249*** Plan of Correction: Staff will be trained on implementing training objectives when the opportunity arises. Staff will be retrained on Active Treatment, formal, and informal training opportunity. Preventive Action: Staff will be trained on implementing training objectives when the opportunity arises. Staff will be retrained on Active Treatment, formal, and informal training opportunity. Monitoring: Manager will be in the home at least 3Xs a week when individual are present to ensure staff are following all programming needs. Responsible Party: Managers Date to be completed: May 26, 2013	05/26/2013

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	program should have been implemented at all opportunities. 9-3-4(a)			

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W000460	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 record review, observation and interview, the facility failed for 1 of 4 sampled clients (#2) to offer the client substitute food choices at the supper meal. Findings include: An observation was done at the group home on 4/15/13 from 3:58p.m. to 5:28p.m. Client #2 received his supper at 4:36p.m. Client #2 took one drink and did not attempt to eat any of his food. Client #2 received one staff verbal prompt to eat. At 5:07p.m. a staff asked him if he was done and then had him take his plate to the kitchen. Client #2 was not offered any substitute food or drink. Interview of staff #5 at 5:10p.m., indicated client #2 probably didn't like what they had tonight. Staff #5 indicated there was no substitute tonight because most of the clients liked chili soup. Interview of staff #1 on 4/23/13 at 10:40a.m. indicated client #2 often needed several verbal prompts to eat. Staff #1 indicated substitute food items should have been available and client #2 should have been offered substitute food	W000460	***W460*** Plan of Correction: Staff will be retrained on offering substitutes at all meals if an individual does not eat their meal due to the fact they might not like what is on the menu. Preventive Action: Staff will be retrained on offering substitutes at all meals in case an individual does not eat their meal due to the fact that they might dislike what is on the menu. Monitoring: Managers will be in the home at least 3Xs a week when individuals are present to ensure staff is following all dietary guidelines to ensure they are getting a well-balanced diet. Responsible Party: Managers Date to be completed: May 26, 2013	05/26/2013

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	items. 9-3-6(a)			