

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G527	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/07/2012
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NAME OF PROVIDER OR SUPPLIER  ARC OF NORTHWEST INDIANA INC, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1553 97TH PL W CROWN POINT, IN 46307
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W0000	<p>This visit was for the post certification revisit (PCR) to the predetermined full recertification and state licensure survey conducted on 7/23/12.</p> <p>Dates of survey: September 4, 5, 6 and 7, 2012.</p> <p>Facility number: 001041 Provider number: 15G527 AIM number: 100245280</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/24/12 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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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview, for 1 of 3 sampled clients (client #2), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in making health care and financial decisions.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted at the facility's administrative office on 9/6/12 at 3:15 P.M.. Client #2's record indicated he was an emancipated adult. The Conference Summary dated 5/9/12 indicated: "Continues to receive assistance in making major life decisions." The Developmental Assessment dated 10/19/11 indicated: "All of his banking and budgeting procedures must be done with assistance. He cannot be sent on shopping errands. He does no shopping. He does not appear to understand time intervals or equivalents. He does not appear to associate time on the clock with various actions or events." The Individual Support Plan (ISP) dated 5/9/12</p>	W0125	<p>Client #2's brother has turned in all paperwork to become Legal Guardian. Court date is pending at this time.</p> <p>To ensure future compliance, Service Coordinator will evaluate the progress of obtaining guardianship for this client.</p>	10/05/2012			

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	<p>indicated: "Individual's Diagnosis: Thrombocytopenia (low blood platelets), Seizure Disorder, Congestive Heart Failure (CHF), Nerve disorder, Cardiovascular Disease, Osteoporosis, Congenital Disorder...Comments: Receives anti seizure medications monitored by neurologist...Receives multiple medications for various physical conditions...CHF, Albuterol (antiasthmatic) and Advair Inhalers (asthma), and Lasix (diuretic), monitored by pulmonary and internal medicine specialists...Will learn to identify why he is taking medication...will learn to identify level of pain by chart to area on person...will learn value of coins to make a dollar." The "Outpatient Therapy" dated 12/6/11 indicated: "Unable to assess d/t (due to) pt's (patient's) cognitive status. Strength estimated...Pt unable to follow comments...Sensation: Unable to assess d/t pt's cognitive status...Coordination: Unable to assess d/t pt's cognitive status...Endurance: Unable to assess d/t pt's cognitive status....Pain: Currently: Pt unable to comprehend pain scale....pt c/o (complain of) r (right) leg pain. Pt unable to give any other information...Pt is confused, sleepy at times. Pt's speech is not clear."</p> <p>An interview with the Service Coordinator (SC) was completed at the</p>			

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	<p>facility's administrative office on 9/7/12 at 12:30 P.M.. The SC indicated client #2 did not have a legally sanctioned decision maker to assist him with financial and medical decisions. No documentation was available for review to indicate client #2 had a legally sanctioned decision maker to assist him with financial and medical decisions.</p> <p>This deficiency was cited on 7/23/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>			

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on observation, record review and interview for 5 of 5 clients residing at the home (clients #1, #2, #3, #4 and #5), 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 #1's record was conducted on 9/6/12 at 3:00 P.M.. The Individual Support Plan (ISP) dated 6/9/11 indicated: "Will learn to make a purchase in the community...Will learn to clean and straighten his dresser drawers...Will learn to prepare a portion of a snack...Will learn about his seizure medication." Further review of client #1's record failed to indicate client #1's objectives were monitored by the QMRP for the months of 6/12 and 7/12.</p> <p>A review of client #2's record was conducted on 9/6/12 at 3:15 P.M.. The ISP dated 5/9/12 indicated: "Will learn to</p>	W0159	All data entry and progress notes will be entered in a timely fashion. Service Coordinator will review to ensure that goals are tailored each client's needs (10/10). To ensure future compliance, Service Coordinator will review and enter data on a monthly basis.	10/10/2012	

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	<p>identify the value of coins to make a dollar...will learn to wipe place after dinner...will learn to brush teeth...will participate in Arts and Crafts...will learn to identify purpose, time and dosage of one of his medications...will learn to do chair exerics (sic)." Further review of client #2's record failed to indicate client #2's objectives were monitored by the QMRP for the months of 6/12, 7/12 and 8/12.</p> <p>A review of client #3's record was conducted on 9/6/12 at 3:30 P.M.. The ISP dated 5/9/12 indicated: "Will learn the 6 rights of medication...Will continue range of motion exercises...Will learn to fill out a bank withdrawal slip...Will learn to cook a simple meal...Hygiene checklist...Will learn alarm code...Will learn production...Will work in janitorial." Further review of client #3's record failed to indicate client #3's objectives were monitored by the QMRP for the months of 6/12, 7/12 and 8/12.</p> <p>A review of client #4's record was conducted on 9/6/12 at 3:40 P.M.. The ISP dated 4/13/12 program goals indicated: "Will learn to write his name...Will learn to make a purchase...Will learn to completely launder his clothes...Will learn to increase</p>			

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	<p>his participation in group activity...Will continue to identify the signs and symptoms of Diabetes...Will learn basic skin care...Will learn to clean his glasses." Further review of client #4's record failed to indicate client #4's objectives were monitored by the QMRP for the months of 6/12, 7/12 and 8/12.</p> <p>A review of client #5's record was conducted on 9/6/12 at 3:45 P.M.. The ISP dated 8/26/12 program goals indicated: "Will learn to prepare a healthy vegetable...Make a purchase...Will re learn to print his first name...Will continue to learn about his medications...Will recercise (sic) 15 minutes." Further review of client #5's record failed to indicate client #4's objectives were monitored by the QMRP for the months of 6/12, 7/12 and 8/12.</p> <p>An interview with the Service Coordinator (QMRP) was conducted on 9/7/12 at 12:30 P.M.. The QMRP indicated clients' program objectives are to be monitored by the QMRP monthly and immediately entered into the computer database. No further documentation was available for review to indicate the QMRP monitored client #1, #2, #3, #4 and #5's program</p>						

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	<p>objectives.</p> <p>This deficiency was cited on 7/23/12.</p> <p>The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>			

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W0322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #1) to follow up with recommendations made by the ENT (Ears Nose Throat) physician.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted at the facility's administrative office on 9/6/12 at 3:00 P.M.. A review of client #1's record indicated a most current hearing exam completed on 10/3/10 with the recommendation of a follow up exam in 1 month. Further review of the record failed to indicate client #1 went for a follow up exam as recommended by the physician.</p> <p>An interview with the nurse was conducted on 9/7/12 at 2:30 P.M.. The nurse indicated client #1 had not been back to see the ENT physician as recommended since the 10/3/10 visit.</p> <p>This deficiency was cited on 7/23/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>	W0322	<p>Client #1 was seen by an ENT for nosebleeds. He was sent to a plastic surgeon who did surgery. He did a follow-up visit with the plastic surgeon. He was not required to see the ENT for a follow-up. The Dr's notes indicate he was to see the surgeon for the follow up . (10/10). To ensure future compliance, Service Coordinator will ensure all clients attend necessary Dr's appointments and follow-ups.</p>	10/10/2012	

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	9-3-6(a)			

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed to furnish recommended adaptive equipment for 2 of 3 sampled clients, (clients #1 and #2).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 9/4/12 from 5:00 P.M. until 6:30 P.M.. During the observation period clients #1 and #2 sat in standard wheelchairs.</p> <p>A review of client #1's record was conducted on 9/6/12 at 3:00 P.M.. Review of the record indicated a script for "PT/OT (Outpatient Therapy) evaluation due to unsteady gait, decrease motor skills" dated 5/13/11. The "Letter of Medical Necessity" dated 7/10/12 indicated: "[Client #1] has been using a facility provided old Tuffcare manual for many years. Due to its age, weight of frame, and deteriorating condition, he will require a new manual wheelchair to allow him the opportunity to self propel as</p>	W0436	<p>Client #1 was seen by an ENT for nosebleeds. He was sent to a plastic surgeon who did surgery. He did a follow-up visit with the plastic surgeon. He was not required to see the ENT for a follow-up. The Dr's notes indicate he was to see the surgeon for the follow up . (10/10). To ensure future compliance, Service Coordinator will ensure all clients attend necessary Dr's appointments and follow-ups.</p>	10/10/2012			

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	<p>needed."</p> <p>A review of client #2's record was conducted on 9/6/12 at 3:15 P.M.. Review of the record indicated a script for "PT (Physical Therapy) evaluate and treat" from his physician dated 10/21/11. The "Outpatient Evaluation" dated 12/6/11 indicated: "Unable to stand...Total Assist...Patient wheelchair bound, unable to walk for years." A "Letter of Medical Necessity" no date noted, indicated: "[Client #2] is currently using an Invacare Tracer as his means of dependent mobility. This equipment is no longer appropriate for him. He has demonstrated the inability to maintain his positioning in his chair. He slides through the seat, and requires frequent repositioning. The staff within his group home is having difficulty adequately repositioning as needed due to his weight and inability to assist. He has experienced skin breakdown within the last year as a result of inability to redistribute pressure while sitting, as well as urinary/bowel incontinence. A manual lift tilt space is recommended to avoid further breakdown, and maintain postural control."</p> <p>An interview with the Service Coordinator (SC) was conducted on 9/7/12 at 12:30 P.M.. The SC indicated</p>						

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W9999	<p>clients #1 and #2 needed personalized wheelchairs that are better for their positioning since they are completely reliant on their wheelchairs for mobility and are prone to skin breakdown. No further documentation was available for review to indicate when the clients wheelchairs would be furnished.</p> <p>This deficiency was cited on 7/23/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>	W9999	<p>Client #1 has received a new wheelchair. He is currently being assessed for a more personalized wheelchair. Client #2's wheelchair has been ordered and delivery is pending (10/10).</p> <p>To ensure future compliance, Service Coordinator will monitor condition of all adaptive equipment, and replace or repair as necessary.</p>	10/10/2012	