STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G701	A. BUILDING 00 B. WING	07/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC OF NORTHWEST INDIANA INC, THE	3117 WOODBINE PORTAGE, IN 46368

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
W0000	This visit was for an extended recertification and state licensure survey. Dates of Survey: July 16, 17, and 18, 2012. Facility number: 003194 Provider number: 15G701 AIM number: 200365020 Surveyor: Tim Shebel, Medical Surveyor III The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/20/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

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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W0104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the facility's governing body failed to assure ceiling fixtures, the kitchen window and family room sliding door were maintained in good condition for 4 of 4 clients living at the facility (clients #1, #2, #3, and #4.) Findings include: The group home where clients #1, #2, #3, and #4 lived was observed on 7/16/12 from 4:13 P.M. until 7:00 P.M.. A three shade ceiling light fixture in the Family room was missing one glass shade. The window in the kitchen and the family room sliding door were covered in a greasy film. Program specialist #1 was interviewed on 7/17/12 at 10:55 A.M.. Program specialist #1 indicated the kitchen window and patio door were in need of cleaning. Program specialist #1 also indicated there were no work orders submitted to have the windows and doors cleaned and further indicated the facility's governing body was to assure the facility's maintenance department kept the facility in good, clean condition. 9-3-1(a)	W0104	The Area Manager will retrain staff on proper window cleaning within the next 30 days. Area Manager supervised staff on cleaning the windows during a group home visit on 8/3/12. To ensure future compliance the Property Director and/or Area Manager will monitor the condition of the home at least monthly thereafter.	08/17/2012

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W0122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review, observation, and interview, the Condition of Participation of Client Protections is not met as the facility failed to protect 1 of 2 sampled clients (client #2) from client to client abuse at the facility owned workshop. Findings include: 1. Please refer to W149 as the facility neglected to implement its abuse/neglect policy to protect 1 of 2 sampled clients (client #2) from being physically abused by a workshop client. 2. Please refer to W157 as the facility failed to implement effective corrective actions to prevent 1 of 2 sampled clients (client #2) from being physically abused by a workshop client. 9-3-2(a)	W0122	Service Coordinator will review reporting requirements of abuse, neglect and exploitation of clients with the Day Program staff and DSPs and document this review. Service Coordinator/Program Specialist will hold an interim meeting an implement any changes agreed to by the IDT team after any peer-to peer aggression occurs. To ensure future compliance the Service Coordinator/Program Specialist will review all incident reports for possible peer-to-peer aggression and conduct interim meeting with IDT members within 48 hours of reported incident to discuss any changes needed to ensure client's safety. Service Coordinator/Program Specialist will implement all changes agreed to at the interim meeting within 48 hours.	08/17/2012

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W0149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review, observation, and interview, the facility neglected to implement its abuse/neglect policy to protect 1 of 2 sampled clients (client #2) from being physically abused by a workshop client. Findings include: The facility's records were reviewed on 7/16/12 at 1:48 P.M.. A review of incident reports from 7/1/11 to 7/16/12 indicated the following incidents of client to client abuse against client #2: 1. "Name: [client #2], Date: 01/10/2012, Narrative Details: An individual [workshop client #7] hit [client #2] on the head. Plan to Resolve: Staff immediately separated both individuals. [Client #2] was seen by Health and Safety Tech (technician). She (client #2) did not have any bruising or complaints of pain. [Client #2] stated she felt safe to ride the bus home, since the individual (workshop client #7) does not ride the same bus. The aggressor (workshop client #7) in this incident does have a behavior plan. Staff followed BSP (Behavior Support Plan)	W0149	Service Coordinator will review reporting requirements of abuse, neglect and exploitation of clients with the Day Program staff and DSPs and document this review. Service Coordinator/Program Specialist will hold an interim meeting an implement any changes agreed to by the IST team after any peer-to-peer aggression occurs. To ensure future compliance the Service Coordinator/Program Specialist will review all incident reports for possible peer-to-peer aggression and conduct interim meeting with IDT members within 48 hours of reported incident to discuss any changes needed to ensure client's safety. Service Coordinator/Program Specialist will implement all changes agreed to at the interim meeting within 48 hours.	08/17/2012

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	and documented accordingly. A team meeting is being requested to discuss (workshop client #7's) increased behaviors." 2. "Name: [client #2], Date: 02/06/2012, Narrative Details: [Client #2] was standing next to an individual (workshop client #7) that was upset and he (workshop client #7) elbowed her. Plan to Resolve: [Client #2] was seen by the Health and Safety Tech. She (client #2) did not have any visible injury or complaints of pain. Both individuals have a ratio of 1:8 (staffing supervision of one staff to supervise eight clients). Staff was in very close proximity. The aggressor (workshop client #7) has a behavior plan which was followed. His plan states to remain calm and patient and discuss inappropriate actions." 3. "Date of Incident: 3-2-12, Persons involved: [Workshop client #7 and client #2], What happened?: [Workshop client #7] went to get a Depend (incontinence brief), and [client #2] tried to stop him then [workshop client #7] swatted her right hand. What did you do about this incident/accident? Explained to [workshop client #7] he was wrong in hitting [client #2] & called supervisor. Action taken: Immediately separated consumers (workshop client #7 and client			

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	#2), calmly discussed inappropriate behavior and directed to task. [Client #2] did not have any injury. No complaints of pain." 4. "Date of Incident: 5-4-12, Persons involved: [Workshop client #7 and client #2], What happened?: The bus driver stated that [workshop client #7] hit [client #2] on the back of the head really hard. What did you do about the incident/accident? Report to Health and Safety. Followed behavior plan. Action taken: [Client #2] did not have visible injury. [Workshop client #7] had slight swelling to his left hand. No complaints of pain. Staff followed up with bus driver and spoke to [workshop client #7] about behavior. [Workshop client #7] said sorry. Informed [workshop client #7] that physical aggression is inappropriate and that he should talk about his problems." 5. "Date of Incident: 5-29-12, Persons involved: [Workshop client #7, client #1, and client #2], What happened?: [Workshop client #7] hit [client #1] and [client #2] with his bag while riding the bus to East (East workshop). Bus driver reported that [client #1] was hit on the head and [client #1] was hit on the left shoulder. Bus driver reported it to facility director when bus arrived to East Center. What did you do about the			

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	incident/accident? Referred [client #1] and [client #2] to the H&S Tech (Health and Safety Tech). Action taken: H&S tech examined [client #2] and [client #1], neither one had any visible signs of injury. Staff spoke with [workshop client #7] about physical aggression and alternative ways of coping with anger." Client #2 was observed during the 7/16/12 workshop observation period from 2:58 P.M. until 4:00 P.M.. Client #2 was working on a craft project in a classroom. Workshop staff #1 was supervising seven clients who were in the room. During the observation, workshop client #7 was also in the same classroom as client #2. Workshop staff #1 was interviewed on 7/16/12 at 3:30 P.M.. When asked if client #2 and workshop client #7 were usually in the same classroom, workshop staff #1 stated, "Yes, they're always together." Workshop staff #1 further indicated client #2 and workshop client #7 also ride the same bus to and from their respective group homes. Workshop administrative staff #2 was interviewed on 7/16/12 at 3:44 P.M.. Workshop administrative staff #2 stated workshop staff "implement [workshop client #7's] behavior plan when he hits			

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	somebody." When asked how the workshop staff protect client #2 from workshop client #7 hitting her, workshop administrative staff #2 stated, "I'm kinda new here. The staff just follow his (workshop client #7's) behavior plan as far as I know." Program specialist #1 was interviewed on 7/17/12 at 7:33 A.M.. When asked how the facility was protecting client #2 from getting physically abused by workshop client #7, Program specialist #1 stated, "[Workshop client #7] isn't in the same classroom as [client #2]. He was moved to a different classroom a couple of months ago because of his hitting her (client #2)." When told of workshop client #7 being in the same classroom during the 7/16/12 workshop observation period, and of workshop staff #1's statement of "Yes, they're always together", program specialist #1 stated, "We've had some communication problems with the workshop. He's (workshop client #7) supposed to be in a different classroom." Client #2's record was reviewed on 7/17/12 at 9:10 A.M.. The review of client #2's 2/23/12 Individual Program Plan failed to indicate any documented systemic actions the facility had taken to protect client #2 from being physically			

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	abused by workshop client #7. The facility's records were further reviewed on 7/18/12 at 8:12 A.M.. A review of the facility's "Policy for handling Cased of Neglect and Abuse", dated 12/20/06, indicated, in part, the following: "I. Arc Bridges prohibits all abuse, neglect and exploitation of our clients." The policy further indicated, "Neglect- is defined as knowingly placing a client in a situation that poses a threat to his/her health and well-being. Examples include, but are not limited to depriving a client of food, clothing, shelter or medical care; not providing adequate personal care, leaving clients unsupervised, etc." 9-3-2(a)			

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W0157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review, observation, and interview, the facility failed to implement effective corrective actions in regard to 5 of 5 reviewed incidents of client to client abuse involving 1 of 2 sampled clients (client #2). Findings include: The facility's records were reviewed on 7/16/12 at 1:48 P.M.. A review of incident reports from 7/1/11 to 7/16/12 indicated the following incidents of client to client abuse against client #2: 1. "Name: [client #2], Date: 01/10/2012, Narrative Details: An individual [workshop client #7] hit [client #2] on the head. Plan to Resolve: Staff immediately separated both individuals. [Client #2] was seen by Health and Safety Tech (technician). She (client #2) did not have any bruising or complaints of pain. [Client #2] stated she felt safe to ride the bus home, since the individual (workshop client #7) does not ride the same bus. The aggressor (workshop client #7) in this incident does have a behavior plan. Staff followed BSP (Behavior Support Plan)	W0157	Service Coordinator/Program Specialist will retrain staff regarding Client #1 and Client #7 proximity while at day program. To ensure future compliance Service Coordinator/Program Specialist, Developmental Specialist, or Health and Safety Tech will monitor at least daily for one month and at least weekly thereafter to ensure client #2 and client #7 are not in the same program.	08/16/2012

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	abused by workshop client #7. 9-3-2(a)			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
W0218	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on record review and interview, the facility failed to conduct a sensorimotor assessment for 1 of 2 sampled clients (client #2) in regard to 7 reviewed incidents of falls incurred by client #2. Findings include: The facility's records were reviewed on 7/16/12 at 1:48 P.M.. A review of incident reports from 7/1/11 to 7/16/12 indicated the following incidents of falls incurred by client #2: -On 12/12/11, client #2 "lost her balance and tripped over the curb, causing a small scratch to both knees." -On 1/29/12, client #2 "stepped back and tripped over her shoes and fell backwards and hit her back on her right side." -On 3/12/12, client #2 "was getting out of her chair then tripped and fell." -On 3/28/12, client #2 "tripped and fell getting onto the bus after workshop. There were no signs of injury by [client #2]. [Client #2] reported pain to both	W0218	Community Services Nurse scheduled a PT evaluation for client 2 which was conducted on 8/1/12. Recommendations of PT evaluation were for home exercises which staff will implement beginning 8/3/12 or sooner. Client #2 has fall risk plan in place at this time and Service Coordinator/Program Specialist will retrain staff on following risk plan. To ensure future compliance all new staff working with client #2 will be trained on fall risk plan. Community Services Nurse will monitor fall risk tracking and review all reports related to falls.	08/17/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G701	A. BUILDING 00 B. WING	07/18/2012

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	knees and left arm." -On 4/9/12, client #2 "was walking to tell another staff something and tripped over a chair leg and fell forwards to her knees." -On 4/28/12, client #2 "fell while entering the grouphome after a fire drill, causing an abrasion on her right knee." -On 7/2/12, client #2 "stood up from her seat very fast and lost her balance and instantly fell to the floor on her knees." Client #2's record was reviewed on 7/17/12 at 9:10 A.M.. Review of the client's 2/23/12 Individual Program Plan indicated the client had a Fall Risk Plan which was implemented on 2/23/12. Further review failed to indicate the client had a sensorimotor assessment. Nurse #1 was interviewed on 7/17/12 at 10:10 A.M.. Nurse #1 indicated client #2 had not been assessed in regard to sensorimotor skills and deficits. 9-3-4(a)			