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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G134 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 11/07/2014 |
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| NAME OF PROVIDER OR SUPPLIER ARC OPPORTUNITIES INC | STREET ADDRESS, CITY, STATE, ZIP CODE 0170 W 300 N HOWE, IN 46746 |
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| W000000 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 5, 6, and 7, 2014.</p> <p>Facility number: 000671 Provider number: 15G134 AIM number: 100234320</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 14, 2014 by Dotty Walton, QIDP.</p> | W000000 | | |
| W000104 | <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the facility's governing body failed to exercise general operating direction over the facility by failing to ensure an exit door from the group home was not blocked by a chair affecting 3 of 3 sampled clients (clients #1, #2, and #3), and 2 additional clients (clients #4 and #5).</p> | W000104 | <p>It will be the responsibility of the Q to in-service all residential staff regarding the importance of keeping all emergency exits free from obstructions at all times failure to comply will result in appropriate corrective action In the future it will be the responsibility of the Q to conduct documented observations at least 2 times per months at random unannounced intervals to</p> | 12/07/2014 |

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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| W000455 | <p>Findings include:</p> <p>Observations were conducted at the group home on 11/5/14 from 3:22 P.M. until 5:30 P.M. and on 11/6/14 from 5:33 A.M. until 7:30 A.M. During the observation periods. an egress door in the foyer of the group home was blocked by a leisure chair. A lighted sign above the door indicated "Exit." A sign on the door indicated "Do not block this exit." The blocked door prevented the egress of clients #1, #2, #3, #4, and #5.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/6/14 at 10:40 A.M. QIDP #1 stated, "[Client #2] likes to keep her chair there. It (blocked door) is an exit and needs to be clear."</p> <p>9-3-1(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of</p> | | ensure compliance with all safety protocols to include no blocked or partially blocked emergency exits | | | | |

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| | <p>infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to assure 1 of 2 additional clients (client #5), washed her hands after toileting and prior to handling food items.</p> <p>Findings include:</p> <p>Client #5 was observed during the group home observation period on 11/5/14 from 3:22 P.M. until 5:30 P.M. At 4:51 P.M., client #5 toileted herself and exited the bathroom. Upon exiting the bathroom, client #5 told direct care staff #1, "I went potty." Direct care staff #1 immediately prompted client #5 to butter five pieces of bread for the evening meal. Direct care staff #1 did not prompt or assist client #5 to wash her hands upon exiting the bathroom and prior to handling the bread and butter.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/6/14 at 10:40 A.M. QIDP #1 stated, "Staff (direct care staff #1) should have assured (client #5) washed her hands after exiting the bathroom and before handling food items."</p> <p>9-3-7(a)</p> | W000455 | <p>It will be the responsibility of the Q to in-service all residential staff and program participants regarding protocols for the prevention & control of communicable diseases to include proper hand washing prior to and during food preparation</p> <p>In the future it will be the responsibility of the Q during random documented observations at least 2x per month to ensure good practices for the control of infection & communicable diseases are implemented on as a part of the daily routine</p> | 12/07/2014 | |

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| W000488 | <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review, and interview, the facility failed to assure 3 of 3 sampled clients (clients #1, #2, and #3), and 2 additional clients (clients #4 and #5), participated in family style dining to the full extent of their assessed capabilities.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, #4, and #5 were observed during the group home observation period on 11/5/14 from 3:22 P.M. until 5:30 P.M. During the observation, direct care staff #1 prepared hamburger casserole, broccoli, and mixed fruit for dessert. Direct care staff #1 prepared five peanut butter and jelly sandwiches, five servings of bean salad, and five servings of mixed fruit and placed five cookies into individual baggies and placed them in the refrigerator. Direct care staff #1 prepared five individual plates of the hamburger</p> | W000488 | <p>It will be the responsibility of the Q to in-service all Residential staff to ensure that all program participants eat/dine in a manner consistent with their assessed developmental level to include meal preparation and family style dining procedures then do random observations 2x weekly for one month and then at least 2x monthly going forward to ensure that training is incorporated into their daily routine In the future it will be the responsibility of the Q during documented random observations at least 2X per month going forward to ensure that program participants are helping with meal preparation to the degree of their assessed developmental level and are participating in family style dining to the full extent of their assessed capabilities as a part of their every day routine</p> | 12/07/2014 | | | |

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| | <p>casserole and broccoli along with bread and butter and placed them on the kitchen table. Direct care staff #1 poured water and milk into drinking glasses for all clients. Direct care staff #2 washed the dishes used to prepare the evening meal. Clients #1, #2, #3, #4, and #5 were called to come to the kitchen table to eat their evening meal. Clients #1, #2, #3, #4, and #5 were not prompted or assisted by direct care staff #1 and #2 in preparing their evening meal.</p> <p>Direct care staff #1 was interviewed on 11/5/14 at 5:25 P.M. Direct care staff #1 stated, "The peanut butter and jelly sandwiches and the bean salad and fruit and cookies are for their (clients #1, #2, #3, #4, and #5) lunches tomorrow."</p> <p>Clients #1, #2, #3, #4, and #5 were observed during the group home observation period on 11/6/14 from 5:33 A.M. until 7:30 A.M. During the observation, direct care staff #1 retrieved client lunches and placed them on the counter. Direct care staff #1 poured milk and water for all clients and placed the filled glasses on the kitchen table. Direct care staff #3 prepared scrambled eggs, fried ham slices, and cinnamon buns and placed servings of the same on individual plates. Direct care staff called clients #2,</p> | | | |

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| | <p>#3, #4, and #5 and escorted client #1 to the kitchen table. Direct care staff #3 served the clients a pre-prepared plated of the eggs, ham, and buns. Clients #1, #2, #3, #4, and #5 were not prompted or assisted by direct care staff #1 and #3 in preparing their morning meal.</p> <p>Client #1's records were reviewed on 11/6/14 at 8:54 A.M. A review of the client's Consumer Evaluation (Comprehensive Functional Assessment), dated 3/14, indicated client #1 was capable of participating in the preparation of her meals with verbal prompts, and hand over hand assistance from direct care staff.</p> <p>Client #2's records were reviewed on 11/6/14 at 9:32 A.M. A review of the client's Consumer Evaluation (Comprehensive Functional Assessment), dated 3/14, indicated client #2 was capable of participating in the preparation of her meals with verbal prompts, and hand over hand assistance from direct care staff.</p> <p>Client #3's records were reviewed on 11/6/14 at 10:11 A.M. A review of the client's Consumer Evaluation (Comprehensive Functional Assessment), dated 3/14, indicated client #3 was capable of participating in the preparation</p> | | | | | | |

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| | <p>of her meals with verbal prompts, and hand over hand assistance from direct care staff.</p> <p>Client #4's records were reviewed on 11/6/14 at 9:53 A.M. A review of the client's Consumer Evaluation (Comprehensive Functional Assessment), dated 3/14, indicated client #4 was capable of participating in the preparation of her meals with verbal prompts, and hand over hand assistance from direct care staff.</p> <p>Client #5's records were reviewed on 11/6/14 at 9:58 A.M. A review of the client's Consumer Evaluation (Comprehensive Functional Assessment) dated 3/14 indicated client #5 was capable of participating in the preparation of her meals with verbal prompts, and hand over hand assistance from direct care staff.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/6/14 at 10:40 A.M. QIDP #1 stated, "All the ladies (clients #1, #2, #3, #4, and #5) are capable of participating in their meal preparation with assistance from staff. Foods should be placed in serving dishes and placed on the table and then passed around so they (clients #1, #2, #3, #4, and #5) can serve themselves with</p> | | | |

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

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FORM APPROVED

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| | staff assistance." 9-3-8(a) | | | | |