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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G613 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 05/28/2013 |
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| NAME OF PROVIDER OR SUPPLIER GIBSON COUNTY ARC 8TH ST | STREET ADDRESS, CITY, STATE, ZIP CODE 116 N 8TH ST PRINCETON, IN 47670 |
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| (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 | <p>This visit was for the investigation of Complaint #IN00128286.</p> <p>Complaint #IN00128286: Substantiated, Federal and state deficiency related to the allegation(s) is cited at W252.</p> <p>Dates of Survey: 5/17 and 5/28/13</p> <p>Facility number: 001177 Provider number: 15G613 AIM number: 100245650</p> <p>Surveyor: Paula Chika, QIDP-TC</p> <p>This federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 5/31/13 by Ruth Shackelford, QIDP.</p> | W000000 | | |

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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| W000252 | <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on interview and record review for 3 of 3 sampled clients (A, B and C), the facility failed to document implementation of clients' objectives as outlined in the clients' Individual Support Plans (ISPs).</p> <p>Findings include:</p> <p>Client C's record was reviewed on 5/17/13 at 11:57 AM. Client C's 10/26/12 ISP indicated client C had the following objectives:</p> <ul style="list-style-type: none"> -To complete oral care in the morning daily. -To exercise his hands twice daily. -To get his own drink of water. -To pour his water at the 8 PM med pass. <p>Client C's April 2013 Monthly Data Sheets indicated staff collected the following data for the above mentioned objectives:</p> <ul style="list-style-type: none"> -completing oral care in the morning 13 of 30 days -exercise his hands twice daily 15 of 30 days | W000252 | <p>On May 29, 2013, staff was sent an email regarding the finding that documentation for data goals was not being done in a timely fashion and documented appropriately. Staff was informed at that time that the data goal book is to now to be turned in on a weekly basis for review. If any documentation is missing, the staff failing to document will receive a corrective action. Staff has also been retrained in how to document the data goals and this training will be reviewed on a monthly basis at the team meetings. These changes went into effect on May 29, 2013.</p> | 05/29/2013 | |

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| | <p>-get his own drink 16 of 30 days -pour his own water at the 8 PM med pass 10 of 30 days.</p> <p>Client B's record was reviewed on 5/17/13 at 12:24 PM. Client B's 12/28/12 ISP indicated the client had the following objectives:</p> <p>-To use his walker with assistance daily. -To prepare his lunch for work daily. -to brush his teeth twice a day.</p> <p>Client B's April 2013 Monthly Data Sheets indicated staff collected the following data for the above mentioned objectives:</p> <p>-use his walker with assistance daily 10 of 30 days -prepare his lunch 5 of 23 possible days -brush his teeth twice daily 13 of 30 days</p> <p>Client A's record was reviewed on 5/17/13 at 12:40 PM. Client A's 9/8/12 ISP indicated the client had the following objectives:</p> <p>-To wash his hands thoroughly with soap and warm water daily. -To place his dentures in the cleaning container adding a cleaning tablet prior to going to bed.</p> | | | |

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| | <p>Client A's April 2013 Monthly Data Sheets indicated staff collected the following data for the above mentioned objectives:</p> <ul style="list-style-type: none"> -wash his hands thoroughly with soap and water 16 of 30 days. -dentures in a cleaning container and added a cleaning tablet 9 of 30 days. <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) and administrative staff #2 on 5/28/13 at 1:53 PM indicated client A, B and C's objectives should be implemented as outlined by the clients' ISPs.</p> <p>Administrative staff #2 indicated the group home had new staff and they were not documenting implementation of the clients' objectives as they should.</p> <p>This federal tag relates to complaint #IN00128286.</p> <p>9-3-4(a)</p> | | | | |