

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 09/16/2011
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NAME OF PROVIDER OR SUPPLIER ARC BRIDGES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1553 97TH PL W CROWN POINT, IN46307
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W0000	<p>This visit was for the post certification revisit (PCR) for the extended fundamental recertification survey conducted on 8/4/11.</p> <p>Dates of survey: September 14, 15 and 16, 2011.</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 431 IAC 1.1. Quality Review completed 9-30-11 by C. Neary, Program Coordinator.</p>	W0000		
W0125	<p>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 2 of 3 sampled clients (clients #1 and #3), the facility failed to ensure the clients' rights by not obtaining a legally sanctioned decision maker.</p>	W0125	<p>The S.C. has been actively supporting client #1 family in obtaining guardianship. The Brother is more than willing to become guardian and has acted as his advocate since placement. However, he does not have the financial resources to afford the court proceedings due to his current</p>	10/21/2011

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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	<p>Findings include:</p> <p>A review of client #1's record was conducted at the facility's administrative office on 9/15/11 at 11:15 A.M.. Client #1's record indicated he was an emancipated adult. The Conference Summary dated 5/26/11 indicated: "Needs assistance in making major life decisions." The Developmental Assessment dated 3/10/11 indicated: "Doesn't make change correctly...Does shopping with close supervision...Needs assistance in using banking facilities, banking tasks, budgeting and errand tasks...Needs assistance in telling time and number tasks...Recognizes fewer than 10 words."</p> <p>A review of client #3's record was conducted at the facility's administrative office on 9/15/11 at 12:25 P.M.. Client #3's record indicated he was an emancipated adult. The Conference Summary dated 5/26/10 indicated: "Continues to receive assistance in making major life decisions." The Developmental Assessment dated 4/26/11 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</p>		<p>unemployment. The Arc NWI is assisting this sibling in becoming guardian through contacting pro-bono legal services. This S.C. will contact alternative guardianship lawyers in the area on a weekly basis until court appointed guardianship can be obtained. Pierre Glenn (brother) is currently acting as Client #1 advocate, and is registered at the local hospital as his Healthcare representative. Additionally, Healthcare representative papers will be drafter so that Pierre's and Client #1 s family decision making is maintained in The Arc NWI documentation. Pierre also acts Client #1 Representative payee and has taken on the responsibility of ensuring that his income is only used for his benefit.</p> <p>The S.C. has been actively supporting Client #3 family in obtaining guardianship. The Cousin is more than willing to become guardian however does not have the financial resources to afford the court proceedings due to his family circumstances. The Arc NWI is assisting this nephew in becoming guardian through contacting pro-bono legal services. This S.C. will contact alternative guardianship lawyers in the area on a weekly basis until guardianship can be obtained. Bruce Kujawa (nephew) is currently acting as Client #3 advocate, and is registered at the local hospital as his Healthcare representative.</p>	

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	<p>intervals or equivalents. He does not appear to associate time on the clock with various actions or events." The Individual Support Plan (ISP) dated 12/1/10 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-receiving oxygen daily, Albuterol (antiasthmatic) and Advair Inhalers (asthma), and Lasix (diuretic), monitored by pulmonary and internal medicine specialists...Will learn to identify name, purpose, time and dosage of one of his medications."</p> <p>An interview with the Service Coordinator (SC) was completed at the facility's administrative office on 9/15/11 at 12:20 P.M.. The SC indicated clients #1 and #3 did not have legally sanctioned decision makers to assist them with financial and medical decisions.</p> <p>This deficiency was cited on 8/4/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>Additionally, Healthcare representative papers will be drafter so that Bruce and Client #3 s family decision in appointing an advocate is maintained in The Arc NWI documentation. The Arc NWI acts Client #3 Representative payee and has taken on the responsibility of ensuring that his income is only used for his benefit. A Representative payee report is completed annually to the social security office ensuring that these funds are secure. The process of obtaining Guardianship is quite lengthily. To ensure that all of the Clients at this facility are aware of their rights training on client rights will begin 10/21/11.</p>		

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W0140	<p>1.1-3-2(a)</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based upon record review and interview, the facility failed to maintain an accurate accounting system for 3 of 5 clients residing at the group home (clients #2, #4 and #5), for whom the facility managed their funds.</p> <p>Findings include:</p> <p>On 9/14/11 at 11:20 A.M., a review of client #2, #4 and #5's personal petty cash financial records was completed. The staff indicated there should be \$18.10 available for client #2 but counted \$19.15 in his petty cash/personal financial funds pouch. A review of client #2's personal petty balance sheet dated 8/23/11 to 9/1/11 indicated a balance forward amount of \$58.38 which was crossed out and \$57.68 was written and an ending balance of \$53.38 was crossed out and \$52.68 was written. A review of client #4's personal petty cash record dated 8/23/11 to 9/1/11 indicated a balance</p>	W0140	<p>The DSP was retrained on securing appropriate receipts and accurately balancing the consumer's ledger. The S.C. coordinator will review the record with the DSP weekly to ensure accurate recording and the absence of mathematical errors. To ensure the accuracy of the S.C. and DSPs work the Director will review the consumer's financial information for completion and accuracy every two weeks for four months and then periodically thereafter.</p>	10/21/2011

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	<p>forward amount of \$117.79 which was crossed out and \$77.66 was written. The ending balance amount of \$138.53 was crossed out and \$98.40 was written . A review of client #5's personal petty cash record dated 8/23/11 to 9/1/11 indicated a balance forward amount of \$601.99 which was crossed out and \$708.85 was written. The documented ending balnce of \$776.47 was crossed out and \$883.33 was written. The record also indicated a lost receipt for an expenditure in the amount of \$106.83 The staff indicated she could not find the receipt to account for the \$106.83 spent on bed linen.</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 9/16/11 at 12:05 P.M.. The SC further indicated the facility managed each client's personal petty cash funds and staff made several mistakes documenting on each clients' personal petty cash balance ledgers. No further documentation was available for review to indicate an accurate accounting system for client #2, #4 and #5's personal petty cash funds.</p> <p>This deficiency was cited on 8/4/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				

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W0210	<p>1.1-3-2(a)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview, for 2 of 2 clients (clients #3 and #5) who used a wheelchair, the facility failed to have a completed assessment that addressed all of client #3 and #5's mobility needs.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 9/16/11 from 5:55 A.M. until 7:00 A.M.. During the entire observation period, client #3 was observed sitting in a standard wheelchair with a bed pillow placed on top of the footrests. Client #5 was observed sitting in a standard wheelchair.</p> <p>Client #3's record was reviewed on 9/15/11 at 12:05 P.M.. The record failed to have an assessment that addressed his mobility needs.</p>	W0210	National Seating and mobility is scheduled to complete a wheelchair assessment on each of the individuals on 10/27/11. To ensure future compliance wheelchair assessments will be completed as determined by the physician.	10/27/2011	

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W0217	<p>Client #5's record was reviewed on 9/15/11 at 12:35 P.M.. The record failed to have an assessment that addressed his mobility needs.</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted at the facility's administrative office on 9/16/11 beginning at 12:15 P.M.. The LPN indicated clients #3 and #5 used the wheelchairs at all times for mobility. When asked if clients #3 and #5 had assessments to address the use of the wheelchairs at all times, the Nurse stated "No." No further documentation was available for review to indicate clients #3 and #5 had assessments completed to address the use of a wheelchair at all times for mobility.</p> <p>This deficiency was cited on 8/4/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>1.1-3-4(a)</p> <p>The comprehensive functional assessment must include nutritional status.</p>			

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	<p>Based on record review and interview the facility failed to assess the dietary needs for 1 of 5 clients (client #5) who resided in the group home.</p> <p>Findings include:</p> <p>A review of client #5's record was completed on 9/15/11 at 12:35 P.M.. A Dietary Assessment dated 5/20/11 indicated: "No new weight available. Noted decrease in weight and loss of lean body mass...underweight." A weight chart for client #5 for the months of April 2011, May 2011, June 2011, July 2011, August 2011 and September 2011 indicated no weight for client #5.</p> <p>An interview with LPN #1 was conducted at the facility's administrative office on 9/16/11 at 12:15 P.M.. LPN #1 indicated client #5 had not been weighed since he had not attended the day service program because clients were only weighed at the day program center. The LPN further indicated client #5 should be taken to the center to be weighed the first week of each month. No further documentation was available for review to indicate client #5 was weighed.</p>	W0217	<p>Weights were obtained on 9/16/11 and 10/13/11 this documentation is attached.</p> <p>To ensure future compliance the S.C. will schedule transportation to the center so that their weight may be obtained. These weights will be reviewed by the nurse monthly.</p>	10/21/2011

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W0252	<p>This deficiency was cited on 8/4/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>1.1-3-4(a)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview, the facility failed for 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5) to record accurate data based on individual completed goals.</p> <p>Findings include:</p> <p>A review of client #1, #2, #3, #4 and #5's record was conducted at the group home on 9/16/11 at 6:05 A.M..</p> <p>A review of client #1's program goals dated 9/1/11 indicated: "Make coffee...Administer his own medications...Shaving/electric razor." Further review of client #1's record failed to indicate progress notes which recorded daily attempts/achievements of each</p>	W0252	DSPs had run the goals however, failed to document them at the time of the survey. S.C. will run goals with the DSP weekly and ensure the DSP is capable to accurately documenting the goals for four months and then will review documentation monthly thereafter.	10/21/2011

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	<p>objective by direct care staff for client #1's daily goals on 9/3/11, 9/6/11, 9/10/11, 9/13/11 and 9/14/11.</p> <p>A review of client #2's program goals dated 9/11 indicated: "Complete bank withdrawal slip...Learns address and phone number...Prepare a simple meal...Disable alarm system...Learn 6 rights of medication...Personal hygiene checklist." Further review of client #2's record failed to indicate progress notes which recorded daily attempts/achievements of each objective by direct care staff for client #2's daily goals on 9/14/11.</p> <p>A review of client #3's program goals dated 9/11 indicated: "Make a purchase...Clean table...Administer his own medications...Brushing teeth." Further review of client #3's record failed to indicate progress notes which recorded daily attempts/achievements of each objective by direct care staff for client #3's daily goals on 9/14/11.</p> <p>A review of client #4's program goals dated 9/11 indicated: "Launder clothes...Learns medication...Applying lotion...Cleaning eyeglasses." Further review of client #4's record failed to indicate progress notes which recorded</p>			

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	<p>daily attempts/achievements of each objective by direct care staff for client #4's daily goals on 9/14/11.</p> <p>A review of client #5's program goals dated 9/11 indicated: "Make a purchase...Prepare a side dish...Cleaning personal bedroom closet...Learns medication information...Hygiene checklist...Conversation with others." Further review of client #5's record failed to indicate progress notes which recorded daily attempts/achievements of each objective by direct care staff for client #5's daily goals on 9/14/11.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 9/16/11 at 6:55 A.M.. DSP #1 indicated each client's goals should be implemented daily and staff should keep track on each individual goal sheet by documenting as such.</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 9/16/11 at 12:05 P.M.. The SC indicated direct care staff should document the clients' goals daily or as written. The SC further indicated there was no documentation available for review to indicate staff implemented each client's programs.</p>			

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W0369	<p>This deficiency was cited on 8/4/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>1.1-3-4(a)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed to assure 1 of 10 drugs administered to 1 of 5 clients (client #4) residing in the home were administered in compliance with the physician's orders.</p> <p>Findings include:</p> <p>An morning observation was conducted at the group home on 9/16/11 from 5:55 A.M. until 7:00 A.M.. Upon entering the group home at 5:55 A.M., client #4 was observed eating his breakfast which consisted of a bowl of cereal, a slice of toast, a glass of orange juice and a cup of coffee. At 6:30 A.M., client #4 was observed receiving his Metformin 850 mg (milligram) tablet (diabetes) and</p>	W0369	<p>The DSP's will be trained on proper medication administration timeframes. To ensure future compliance the nurse or service coordinator will observe medication administration monthly for three consecutive months and periodically thereafter.</p>	10/21/2011

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	<p>Omeprazole 20 mg capsule (heartburn relief) with water. At 6:35 A.M., a review of the medication punch card and Medication Administration Record (MAR) dated 9/1/11 through 9/30/11 indicated "Metformin 850 mg capsule...Give 1 tablet orally two times daily...Take before food/meal...Omeprazole 20 mg capsule...Give 1 capsule orally once a day...Take before food/meals." Client #4 was not observed to receive his medications before or food/meals.</p> <p>An interview with Direct Support Professional (DSP) #2 was conducted on 9/16/11 at 6:40 A.M.. DSP #2 indicated the client #4 had already eaten breakfast and the MAR and punch card indicated the medications should have been given before meals.</p> <p>An interview with the Nurse was conducted at the facility's administrative office on 9/16/11 at 12:15 P.M.. The Nurse indicated staff should follow the physician orders when administering medications.</p> <p>This deficiency was cited on 8/4/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>1.1-3-6(a)</p>				

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

PRINTED: 10/26/2011

FORM APPROVED

OMB NO. 0938-0391

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W9999		W9999	Not applicable	10/21/2011	