

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/18/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030
--	--

(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
W0000	<p>This visit was for the investigation of complaint #IN00122296.</p> <p>Complaint #IN00122296: Substantiated, Federal and State deficiencies related to the allegation(s) are cited at W149 and W154.</p> <p>This visit was in conjunction with the PCR (Post Certification Revisit) to the PCR completed on November 19, 2012 to the pre-determined full recertification and state licensure survey completed October 5, 2012.</p> <p>Dates of Survey: February 7, 8, 14, 15, and 18, 2013.</p> <p>Facility number: 000730 Provider number: 15G580 AIM number: 100272190</p> <p>Surveyors: Susan Eakright, Medical Surveyor III-Team Leader Tracy Brumbaugh, Medical Surveyor III on (2/7/13 and 2/8/13).</p> <p>The following federal deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality Review completed 2/25/13 by Ruth</p>	W0000	<p>By submitting the enclosed materials we are not admitting the truth or accuracy of any specific findings or allegations as part of my proceedings and submit these responses pursuant to our regulatory obligations.</p> <p>_____ Bev erly Sayre Cowart, Administrator</p>	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/18/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030
--	--

(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
	Shackelford, Medical Surveyor III.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2013	
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030			
(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			
W0149	<p>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 observation, record review, and interview for 2 of 3 sampled clients (clients A and B), the facility neglected to implement their facility policy and procedure to thoroughly investigate an allegation of staff to client abuse (client A) and neglected to immediately report an unknown eye injury (client B).</p> <p>Findings include:</p> <p>1. The facility's records were reviewed on 2/7/13 at 10:45 A.M.. A review of the BDDS (Bureau of Developmental Disability Services) reports from 1/1/2013 to 2/7/2013 indicated the following:</p> <p>-A BDDS report on 1/7/13 for an incident on 1/6/13 at 2:45pm, indicated client A arrived home from school and went into the bathroom to toilet with the assistance of Discharged staff #1. The report indicated Direct Care Staff (DCS) #2 entered the program room with another client and when DCS #2 walked by the bathroom doorway he "witnessed [Discharged Staff #1] kick [client A] in the right side of [client A's] head (while [client A] was crouched on the floor by the toilet." The report indicated DCS #2</p>	W0149	<p>A) Client interview could not be completed with client A. Client A's current diagnostic history includes Aphasia; restricting verbal exchange with the interviewer. Further assessed limitations for Client A include: limited ability to indicate her basic wants/needs, limited vocalizations, non-use of signs or simple voice output devices, infrequent responses to her name, brief episodes of eye contact and her rare willingness to perform simple one-step requests which supplemented difficulty to interview Client A. Therefore, descriptive information as to Client A's physical and emotional status was included in the investigative summary to provide Client A's general response to the events that transpired. Although the investigative findings indicated that the allegation of abuse against Client A was documented as founded, administrative review could not determine substantiation of abuse. Due to the nature of the facility's population and the inability to determine conclusive abusive action, discharged staff #1 was terminated to further ensure the safety of all clients. As a result, the Abuse and Neglect policy was</p>	03/20/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2013
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030		
(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	
	<p>indicated "When [Discharged Staff #1] kicked [client A] she fell to her side. [Client A] had a 2cm (centimeter) by 1.3cm red area to the right side of her head." The report indicated DCS #2 notified his supervisor and remained in the program room until Department Heads arrived. The report indicated the Program Director investigated the allegation, and Discharged Staff #1 wrote out a witness statement denying that he kicked client A. The report indicated DCS #2 wrote out a witness statement stating the above BDDS report information. The report indicated "After an investigation, the allegation was founded, [Discharged Staff #1] was terminated immediately."</p> <p>On 2/7/13 at 10:45am, a review of the investigation of client A's 1/6/13 allegation of abuse was conducted. The investigation included witness statements from the two employees, DCS #2 and Discharged Staff #1. No witness statement was obtained from client A. The investigation did not indicate how client A got to the floor when she was assisted by Discharged Staff #1 to sit on the toilet. The investigation did not review previous incident reports on 1/2/13 when client A had fallen down the stairs to the school bus while being assisted by a different facility staff person</p>		<p>revised on 2-13-2013 (Att. A) to include revised Incident and Accident protocols to ensure that thorough investigations are conducted when necessary. The revised investigation techniques include a systematic collection of information that will accurately describe and explain an incident or series of incidents. Critical components of a thorough investigation may include, but may not be limited to, who, what, where, when, why and how an incident happened; including the cause or source of the incident if possible. Included in this systemic review will be directive questions which may not be all inclusive and will be used only as they are related to the facts and circumstances of the incident that is being investigated. Further, investigative/interview notes will be documented on an investigative form (Att. B) that will become part of the investigation document. Additionally, all incidents/allegations of abuse (or critical incidents) will include client interview, if possible (ex. of inability to interview may include a client's non-verbal status, such as Client A, or a client's inability to otherwise indicate/answer questions of an incident), documentation of interviews for all participants related to the incident, all medical supplemental information relevant to an incident/accident if appropriate and/or any contributing</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/18/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030
--	--

(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
	and had sustained 11cm by 3cm bruises on her right flank and on 1/4/13 the bruises were 6.3cm by 2cm on her right flank. The investigation indicated the police were contacted and a report was filed. Injuries to client A's body were recorded by the nurse on 1/7/13 at 2:45pm. The investigation indicated client A's injuries were recorded on a facial picture on the incident report of a "greenish discoloration and faint purple development on the right cheek, and a small open area with faint brown (colored) discoloration on the bridge [of client A's] nose." The investigation included on 1/7/13 at 2:45pm, "Nurses Notes" which indicated the nurse was called to the program room for a "head to toe assessment" for an allegation of abuse and indicated "Skin assessed with the following findings: R (right) cheek with 2cm x 1.3cm yellow/purple discoloration with surrounding area reddened including R ear, R upper arm with approximately thumb size purple/green discoloration bridge of nose with small open dried area with dry intact scab and faint brown discoloration noted scab tissue from previous injury. L (Left)...inner buttocks top part noted with dark brown discoloration roughly thumb sized. Vital signs stable." The investigation included Discharged Staff #1's personnel file information and indicated he was		information that may be relevant to the investigation or incidents prior to a reported incident. As a double safeguard, the incident management committee will review facility incident reports, reportable incidents and evaluate whether the investigation was thorough and objective. The committee will determine if the conclusions, recommendations and outcomes of the investigation are thorough and in line with facility standards. The committee will also determine that necessary and appropriate corrective, preventative and/or disciplinary action has been taken in accordance with committee recommendations. B) The incident regarding Client B occurred in the client's program room just prior to his dinner meal. Client B was sent to the dining room for his evening meal with indirect supervision. The area on Client B's left eye was not noted by his staff escort. The incident noted was witnessed by client B's program room staff, but the staff member had not yet reported the area to nursing. DCS #3 was correct when stating they could not discuss the noted area on client B, but failed to direct the surveyor to program room staff or nursing personnel for clarification. No red or black areas were noted or documented for this client after nursing assessment. After notification of the incident, nursing assessed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2013	
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030			
(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			
	<p>discharged from employment due to a substantiated allegation of abuse.</p> <p>Client A's record was reviewed on 2/7/13 at 2pm. Client A's 11/29/12 ISP (Individual Support Plan) and 11/29/12 BSP (Behavior Support Plan) indicated she had behaviors of non-compliance, physical aggression, and AWOL (Absence Without Leave).</p> <p>On 2/7/13 at 2:35pm and at 3:05pm, an interview with the QMRP (Qualified Mental Retardation Professional), the Administrator, and the Program Director was conducted. The QMRP indicated client A communicated through non-verbal expressions. The QMRP indicated client A used pointing and noises to communicate. The QMRP and the Program Director indicated client A dropped to the floor when she did not want to complete a task. The QMRP indicated client A's dropping to the floor behavior was not addressed in her ISP or BSP. The QMRP indicated client A's dropping to the floor behavior was not included in the investigation. The three administrative staff indicated client A's investigation did not include client A's statement, the investigation of how client A got to the floor from sitting on the toilet, and did not include client A's fall down the stairs on the school bus on</p>		<p>the reported area on client B, completed necessary documentation and notified administrative personnel immediately, as per facility and regulatory policy. Further, the noted areas to client B's left eye were investigated and determined to be self-inflicted areas (Att. C). Client B was witnessed to rub at his eye just prior to going to the dining room by his program room staff member. Facility investigation through IDT review, noted that program staff had documented the injury on a facility body buddy, but the staff member had not provided the document to nursing prior to surveyor inquiry. This noted area to Client B was not of unknown origin. Review of the facility's Incident/Accident policy indicates that facility staff did not neglect to report a minor client injury. The facility policy indicates that when an incident occurs or when a staff member becomes aware of a minor incident, that staff member involved in or witnessing the incident must report their observation to nursing prior to the end of their shift. Minor injuries may include, but are not limited to, bruises smaller than 2 ½ inches, scratches, injuries that do not require first aid, abrasions or other superficial injuries (Att. D). As the incident regarding Client B was not the result of mistreatment, neglect, abuse or of unknown origin, immediate</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2013	
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030			
(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			
	<p>1/2/13. The investigation did not include the other injuries on client A: right ear bruise, nose bruise, and the bruises on her left and right sides of her body.</p> <p>On 2/8/13 at 11:15am, an interview with the Administrator was conducted. The Administrator stated the local police were "not going to file charges" because the police did not believe the allegation happened. The Administrator indicated the police indicated to her that DCS #2 changed his statement after being interviewed multiple times by the police.</p> <p>2. On 2/7/13 at 4:05pm, client B was observed in the dining room with a black and red left eye with scratches around his eye. At 4:05pm, DCS #3 was assisting another client across the dining room table from client B. DCS #3 was asked what happened to client B's left eye and DCS #3 responded she was not present when the incident occurred so she could not discuss. From 4:05pm until 4:25pm, three different facility staff were asked what happened to client B's left eye and all three staff responded they were not present with the incident occurred and could not discuss it. At 4:25pm, the surveyor went to the nurses station, approached LPN (Licensed Practical Nurse) #1 and asked what had happened to client B's left eye. LPN #1 stated she</p>		<p>notification of the incident to the administrator was completed in accordance to facility policy. To further ensure that staff provides nursing personnel with necessary and timely notification of minor incidents, a body buddy has been placed on a 3x5 index card. The index card contains the client's name, staff reporting the incident, date and time of the minor injury. These index cards were developed to allow staff the opportunity to have portable body buddies that can be carried on their person. These portable documents should provide staff with increased opportunities to quickly fill out body buddies and provide them to nursing staff as soon as is possible or before the end of their shift. 3. All staff will be provided with training and information exchange regarding reporting of all injuries. These training opportunities will be conducted to ensure that reporting strategies are practiced and understood. In addition, small group training will also be conducted to further ensure that reporting criteria, timeliness of reporting and understanding of the reporting process are practiced and routine. The IDT is responsible. The Administrator or their designee will monitor.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2013	
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030			
(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			
	<p>was not aware of "any" incident or injury for client B. At 4:25pm, LPN #1 looked at the Nursing 24 hour report for any incident for client B, the skin sheet book for client B's injury, and the nurses notes for client B in his clinical record. LPN #1 indicated after this review she had no information regarding client B's left eye injury and had not been notified by the facility staff.</p> <p>On 2/8/13 at 10:10am, an interview with the Director of Nursing (DON) was conducted. The DON indicated she was notified of client B's left eye injury after 4pm on 2/7/13 and no incident report was available for review.</p> <p>On 2/7/13 at 3:40pm and on 2/8/13 at 11am, client B's record was reviewed. Client B's 2/7/13 at 5pm "Nurses Notes" indicated "Called to DR (Dining Room) by state Surveyor noted L red eye, upper L eyelid with 1cm scratch present pinpoint scratches present to lower eyelid...I/A (Incident/Accident) flowsheet initiated."</p> <p>On 2/8/13 at 11:15am, an interview with the Administrator, the Program Director, and the QMRP was conducted. The three administrative staff indicated the facility staff did not immediately report client B's eye injury. The three administrative staff</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2013
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030		
(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	
	<p>indicated no incident report was available for review and they were notified of client B's eye injury after the State Surveyor brought it to the nurses attention.</p> <p>The facility's records were reviewed on 2/7/13 at 10am. A review of the facility's "Abuse and Neglect Policy and Procedure", dated 4/26/11, indicated in part, the following: "Staff will ensure the protection and treatment of all clients by refraining from the use of physical, verbal, sexual, or psychological abuse of any client. The facility shall act proactively to assure that clients are free from serious and immediate threat to their physical and psychological health and safety. The facility will further ensure that all clients are free from neglect. Neglect will include the failure to provide appropriate care, food, medical care or supervision."</p> <p>This federal tag relates to complaint #IN00122296.</p> <p>3.1-28(a)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2013	
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030			
(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			
W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 1 investigation of staff to client abuse (client A), the facility failed to thoroughly investigate the allegation of abuse.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 2/7/13 at 10:45 A.M.. A review of the BDDS (Bureau of Developmental Disability Services) reports from 1/1/2013 to 2/7/2013 indicated the following:</p> <p>-A BDDS report on 1/7/13 for an incident on 1/6/13 at 2:45pm, indicated client A arrived home from school and went into the bathroom to toilet with the assistance of Discharged staff #1. The report indicated Direct Care Staff (DCS) #2 entered the program room with another client and when DCS #2 walked by the bathroom doorway he "witnessed [Discharged Staff #1] kick [client A] in the right side of [client A's] head (while [client A] was crouched on the floor by the toilet." The report indicated DCS #2 indicated "When [Discharged Staff #1] kicked [client A] she fell to her side. [Client A] had a 2cm (centimeter) by 1.3cm red area to the right side of her</p>	W0154	<p>A) Client interview could not be completed with client A. Client A's current diagnostic history includes Aphasia; restricting verbal exchange with the interviewer. Further assessed limitations for Client A include: limited ability to indicate her basic wants/needs, limited vocalizations, non-use of signs or simple voice output devices, infrequent responses to her name, brief episodes of eye contact and her rare willingness to perform simple one-step requests which supplemented difficulty to interview Client A. Therefore, descriptive information as to Client A's physical and emotional status was included in the investigative summary to provide Client A's general response to the events that transpired. Although the investigative findings indicated that the allegation of abuse against Client A was documented as founded, administrative review could not determine substantiation of abuse. Due to the nature of the facility's population and the inability to determine conclusive abusive action, discharged staff #1 was terminated to further ensure the safety of all clients. As a result, the Abuse and Neglect policy was</p>	03/20/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2013
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030		
(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	
	<p>head." The report indicated DCS #2 notified his supervisor and remained in the program room until Department Heads arrived. The report indicated the Program Director investigated the allegation, and Discharged Staff #1 wrote out a witness statement denying that he kicked client A. The report indicated DCS #2 wrote out a witness statement stating the above BDDS report information. The report indicated "After an investigation, the allegation was founded, [Discharged Staff #1] was terminated immediately."</p> <p>On 2/7/13 at 10:45am, a review of the investigation for client A's 1/6/13 allegation of abuse was conducted. The investigation included witness statements from the two employees, DCS #2 and Discharged Staff #1. No witness statement was obtained from client A. The investigation did not indicate how client A got to the floor when she was assisted by Discharged Staff #1 to sit on the toilet. The investigation did not review previous incident reports on 1/2/13 when client A had fallen down the stairs to the school bus while being assisted by a different facility staff person and had sustained 11cm by 3cm bruises on her right flank and on 1/4/13 the bruises were 6.3cm by 2cm on her right flank. The investigation indicated the</p>		<p>revised on 2-13-2013 (Att. A) to include revised Incident and Accident protocols to ensure that thorough investigations are conducted when necessary. The revised investigation techniques include a systematic collection of information that will accurately describe and explain an incident or series of incidents. Critical components of a thorough investigation may include, but may not be limited to, who, what, where, when, why and how an incident happened; including the cause or source of the incident if possible. Included in this systemic review will be directive questions which may not be all inclusive and will be used only as they are related to the facts and circumstances of the incident that is being investigated. Further, investigative/interview notes will be documented on an investigative form (Att. B) that will become part of the investigation document. Additionally, all incidents/allegations of abuse (or critical incidents) will include client interview, if possible (ex. of inability to interview may include a client's non-verbal status, such as Client A, or a client's inability to otherwise indicate/answer questions of an incident), documentation of interviews for all participants related to the incident, all medical supplemental information relevant to an incident/accident if appropriate and/or any contributing</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2013	
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030			
(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			
	<p>police were contacted and a report was filed. Injuries to client A's body were recorded by the nurse on 1/7/13 at 2:45pm. The investigation indicated client A's injuries were recorded on a facial picture on the incident report of a "greenish discoloration and faint purple development on the right cheek, and a small open area with faint brown (colored) discoloration on the bridge [of client A's] nose." The investigation indicated on 1/7/13 at 2:45pm, "Nurses Notes" indicated the nurse was called to the program room for a "head to toe assessment" for an allegation of abuse and indicated the following, "Skin assessed with the following findings: R (right) cheek with 2cm x 1.3cm yellow/purple discoloration with surrounding area reddened including R ear, R upper arm with approximately thumb size purple/green discoloration bridge of nose with small open dried area with dry intact scab and faint brown discoloration noted scab tissue from previous injury. L (Left)...inner buttocks top part noted with dark brown discoloration roughly thumb sized. Vital signs stable." The investigation included Discharged Staff #1's personnel file information and indicated he was discharged from employment due to a substantiated allegation of abuse.</p>		<p>information that may be relevant to the investigation or incidents prior to a reported incident. As a double safeguard, the incident management committee will review facility incident reports, reportable incidents and evaluate whether the investigation was thorough and objective. The committee will determine if the conclusions, recommendations and outcomes of the investigation are thorough and in line with facility standards. The committee will also determine that necessary and appropriate corrective, preventative and/or disciplinary action has been taken in accordance with committee recommendations. The IDT is responsible. The Administrator or their designee will monitor.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2013	
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030			
(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			
	<p>Client A's record was reviewed on 2/7/13 at 2pm. Client A's 11/29/12 ISP (Individual Support Plan) and 11/29/12 BSP (Behavior Support Plan) indicated she had behaviors of non-compliance, physical aggression, and AWOL (Absence Without Leave).</p> <p>On 2/7/13 at 2:35pm and at 3:05pm, an interview with the QMRP (Qualified Mental Retardation Professional), the Administrator, and the Program Director was conducted. The QMRP indicated client A communicated through non-verbal expressions. The QMRP indicated client A used pointing and noises to communicate her wants and needs. The QMRP and the Program Director indicated client A dropped to the floor when she did not want to complete a task. The QMRP indicated client A's dropping to the floor behavior was not addressed in her ISP or BSP. The QMRP indicated client A's dropping to the floor behavior was not included in the investigation. The three administrative staff indicated client A's investigation did not include client A's statement, the investigation of how client A got to the floor from sitting on the toilet, and did not include client A's fall down the stairs on the school bus on 1/2/13. The investigation did not include the other injuries on client A: right ear bruise, nose</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/18/2013	
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030			
(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			
	<p>bruise, and the bruises on her left and right sides of her body.</p> <p>On 2/8/13 at 11:15am, an interview with the Administrator was conducted. The Administrator stated the local police were "not going to file charges" because the police did not believe the allegation happened. The Administrator indicated the police indicated to her that DCS #2 changed his statement after being interviewed multiple times by the police.</p> <p>This federal tag relates to complaint #IN00122296.</p> <p>3.1-28(a)</p>						