

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G437	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/24/2013
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NAME OF PROVIDER OR SUPPLIER GIBSON COUNTY ARC STOUT ST	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S STOUT ST PRINCETON, IN 47670
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W000000	<p>This visit was for a recertification and state licensure survey. This visit included the investigation of complaint #IN00128299.</p> <p>This visit was in conjunction with the post certification revisit (PCR) to the PCR for complaint #IN00124653 investigated on 4/15/13.</p> <p>Complaint #IN00128299: Substantiated, federal/state deficiency related to the allegation is cited at W159.</p> <p>Survey Dates: May 21, 23, 24, 2013</p> <p>Facility Number: 000951 Aims Number: 100244590 Provider Number: 15G437</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies reflect 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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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (D) to ensure the qualified intellectual disabilities professional (QIDP) coordinated client D's treatment program in regards to his use of a wheelchair alarm.</p> <p>Findings include:</p> <p>An observation was done on 5/21/13 from 2:28p.m. to 5:25p.m. at the facility. Throughout the observation, client D was in a wheelchair with a seat belt on and a chair alarm attached to the back of the wheelchair. The wheelchair alarm did not appear to be attached to anything and appeared to not be in use. Staff #4 was interviewed on 5/21/13 at 4:38p.m. Staff #4 indicated client D's wheelchair alarm did not work and had not worked for quite a while. Staff #4 indicated she thought a repair order had been sent in. Staff #4 indicated the alarm was supposed to sound if client D unbuckled his seat belt.</p> <p>Record review for client D was done on 5/23/13 at 10:47a.m. Client D's 2/26/13 physician's orders did not indicate the use</p>	W000159	<p>On May 24, 2013, client D Primary Care Physician discontinued his seatbelt alarm due to no recent falls. All home staff was reminded to complete medical issue updates within 24 hours and submit to the office. The medical team was also retrained that medical issue updates must be addressed within a week or within 24 hours if the issue is a safety concern. The medical team is now required to track all medical issue updates that they receive and must compile a monthly report which will be submitted to the director for review. These changes went into effect on May 24, 2013.</p>	05/24/2013			

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	<p>of a wheelchair alarm. Client D's 2/2/13 individual program plan (IPP) did not indicate client D was to use a wheelchair alarm. Client D had a 1/22/09 physical therapy note that indicated "new wheelchair seat belt ordered with the alarm system." Client D had a 11/15/11 fall risk plan that indicated "wheelchair as ordered." There was no documentation in regards to the wheelchair alarm use and how long the wheelchair alarm had been broken.</p> <p>Staff #1 (program director) was interviewed on 5/23/13 at 1:20p.m. Staff #1 indicated she was not aware client D had a wheelchair alarm. Staff #1 indicated if client D had an alarm, she did not know how long it had been broken. Staff #1 indicated the QIDP had not indicated the alarm was broken. Staff #1 indicated the QIDP would need to coordinate client D's program to identify the need of the alarm, when it was broken and when/if an alarm repair was ordered.</p> <p>9-3-3(a)</p> <p>This federal tag relates to complaint #IN00128299.</p>						

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (B, D) to ensure the clients' hand washing training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the group home was done on 5/23/13 from 6:49a.m. to 8:50a.m. At 7:14a.m. client B had a finger in his left nostril and was blowing mucus out of his right nostril. Staff #3 told client B to use a tissue but did not follow up with client B to ensure he used a tissue. Client B continued to blow his nose with a finger in his nostril. Client B then wiped his nose with his shirt. At 7:23a.m. staff #3 called clients for breakfast. Client B took his finger out of his nostril and rubbed his hand against the wall on the way to the dining room. Client D went to the dining room to eat breakfast. Neither client was prompted to wash their hands before eating breakfast.</p>	W000249	<p>On May 23, 2013, all home staff was retrained on proper hand washing as well as following all clients' program plans. Staff was informed at that time that the data goal book is to now 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>The record of client B was reviewed on 5/23/13 at 12:15p.m. Client B's 11/15/12 individual program plan (IPP) indicated client B had a training program to wash his hands with hand sanitizer.</p> <p>The record of client D was reviewed on 5/23/13 at 10:47a.m. Client D's 2/2/13 IPP indicated client D had a training program to wash his hands before breakfast.</p> <p>Interview of staff #1 on 5/23/13 at 1:20p.m. indicated clients B and D's above noted hand washing training programs should have been implemented at all opportunities.</p> <p>9-3-4(a)</p>			

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 7 of 7 clients (A, B, C, D, E, F, G) to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts, from 5/1/12 through 5/23/13.</p> <p>Findings include:</p> <p>Record review of the facility's evacuation drills from 5/1/12 through 5/23/13 for clients A, B, C, D, E, F and G was completed on 5/23/13 at 8:25a.m. The documented "night shift," sleep time, evacuation drills were documented on 7/30/12, 10/19/12, 12/12/12 and 1/10/13. There were no documented night shift drills since 1/10/13.</p> <p>Interview of professional staff #1 on 5/23/13 at 1:20p.m. indicated all scheduled night shift evacuation drills should have been completed on a quarterly basis.</p> <p>9-3-7(a)</p>	W000440	On May 23, 2013, staff was sent an email regarding completing drills on a monthly basis on all shifts. The Assistant Manager was also reminded to check the drill book once a week going forward and send emails out by the third week of the month reminding those that haven't completed a drill that month to do so. Drill books will also come in once a week to the office so the home manger may review them as well.	05/24/2013			