

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G134	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/11/2016
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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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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 6, 7, 8 and 11, 2016.</p> <p>Facility number: 000671 Provider number: 15G134 AIM number: 100234320</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 1/14/16 by #09182.</p>	W 0000		
W 0149 Bldg. 00	<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 upon record review and interview, the facility failed to implement policy and procedures which prohibit abuse, neglect and mistreatment for 1 of 3 sampled clients (client #3) by failing to report and investigate an injury of</p>	W 0149	It will be the responsibility of the Assistant Residential Director (ARD) to re-train staff at the day & residential programs on implementation of policies & procedures which prohibit abuse, neglect, mistreatment, and injuries of unknown origin In the	02/10/2016

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>unknown origin (fracture).</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 1/6/16 at 3:20 PM and did not indicate a report of fracture involving client #3.</p> <p>Client #3's record was reviewed on 1/7/16 at 11:59 AM. A Referral to Physician form dated 4/27/15 indicated client #3 was seen for a "right distal fracture of 5th metatarsal (fracture of the right foot)." A nurse's note dated May, 2015 indicated client #3 had a repeat x-ray of her right foot which indicated a healing me tarsal (bone) fracture. There was no evidence in the record of a cause for client #3's fracture.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/7/16 at 1:44 PM and indicated client #3's fracture of her right foot had not been reported to BDDS or investigated. The QIDP was uncertain as to why the incident had not been reported or investigated.</p> <p>The facility's Internal Incident Reporting and BDDS Incident Reporting Policy dated 9/14/14 was reviewed on 1/7/16 at</p>		<p>future it will continue to be the responsibility of the initial in-service trainers to train all new hires on the policies & procedures which prohibit abuse, neglect, mistreatment, and injuries of unknown origin, and to continue incorporating it into the annual retraining curriculum as well.</p>				

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W 0153 Bldg. 00	<p>4:55 PM and indicated injuries of "significant bodily injury ie (sic) fracture..." should be reported to the BDDS. "The QMRP (Qualified Mental Retardation Professional) will be responsible to thoroughly investigate the reportable incident and file all required reports and notifications within Agency, Local, State and Federal time guidelines...."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based upon record review and interview, the facility failed to report to the Bureau of Developmental Disabilities Services an injury of unknown origin (fracture) for 1 of 3 sampled clients (client #3).</p> <p>Findings include:</p>	W 0153	It will be the responsibility of the Assistant Residential Director to re-train the day program & residential staff on the SOP regarding the communication of incidents involving abuse, neglect, exploitation, injuries of unknown origin, mistreatment or the violation of individual rights	02/10/2016

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W 0154	<p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 1/6/16 at 3:20 PM and did not indicate a report of fracture involving client #3.</p> <p>Client #3's record was reviewed on 1/7/16 at 11:59 AM. A Referral to Physician dated 4/27/15 indicated client #3 was seen for a "right distal fracture of 5th metatarsal (fracture of the right foot)." A nurse's note dated May, 2015 indicated client #3 had a repeat x-ray of her right foot which indicated a healing metatarsal (bone) fracture. There was no evidence in the record of a cause for client #3's fracture.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/7/16 at 1:44 PM and indicated client #3's fracture of her right foot had not been reported to BDDS. The QIDP was uncertain as to why the incident had not been reported.</p> <p>9-3-2(a)</p> <p>483.420(d)(3)</p>		In the future it will be the responsibility of the initial in-service trainers to train all new hires regarding the communication of incidents involving abuse, neglect, exploitation, injuries of unknown origin, mistreatment or the violation of individual rights, and to continue incorporating it into the annual re-training curriculum as well		

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Bldg. 00	<p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based upon record review and interview, the facility failed for 1 of 3 sampled clients (client #3), to investigate an injury of unknown origin (fracture).</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 1/6/16 at 3:20 PM and did not indicate a report or investigation of a fracture involving client #3.</p> <p>Client #3's record was reviewed on 1/7/16 at 11:59 AM. A Referral to Physician form dated 4/27/15 indicated client #3 was seen for a "right distal fracture of 5th metatarsal (fracture of the right foot)." A nurse's note dated May, 2015 indicated client #3 had a repeat x-ray of her right foot which indicated a healing metatarsal (bone) fracture. There was no evidence in the record of a cause for client #3's fracture.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/7/16 at 1:44 PM and indicated client #3's fracture of her right foot had not been investigated. The QIDP</p>	W 0154	<p>It will be the responsibility of the Program Director to re-train the appropriate staff on the investigative process & implementation of the investigative process</p> <p>In the future it will be the responsibility of the Service Coordinator, (for incidents discovered or initiated in the work place) and the QIDP (for incidents discovered or initiated in the residential setting) to coordinate the investigative process & all required follow-ups until the incident is closed</p> <p>The service coordinator and the QIDP will responsible to communicate with each other to ensure there is no duplication of incident reporting for the same incident</p>	02/10/2016			

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W 0225 Bldg. 00	<p>was uncertain as to why the incident had not been investigated.</p> <p>9-3-2(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based upon observation, record review and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2 and #3), to assess their vocational skills and interests.</p> <p>Findings include:</p> <p>Observations were completed at the facility operated day services on 1/7/16 from 9:05 AM until 9:45 AM. Client #1 completed a paid assembly task in the workshop. Client #2 sorted colored erasers and client #3 worked on a latch hook rug before falling asleep in a shared classroom.</p> <p>Workshop staff #1 was interviewed on 1/7/16 at 9:20 AM and indicated client #2 had worked in the paid production area of the workshop at one time but stated, she had been "disruptive" and had been</p>	W 0225	<p>It will be the responsibility of the CEO to train the Client Services Specialist on the responsibility to complete the Vocational Assessments and to see that they are given to the QIDP for incorporation into the functional assessment to be completed at a minimum of annually and updated based on need as required</p> <p>It will be the responsibility of the CSS to complete the vocational assessments for clients 1,2,3,4,5,&6 and deliver them to the QIDP for incorporation into the current functional assessment</p> <p>In the future it will be the responsibility of the CSS to ensure all Vocational assessments are completed per Federal and State guidelines and given to the QIDP for incorporation into the individuals annual functional assessment</p>	02/10/2016

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W 0368 Bldg. 00	<p>placed in her current setting for more supervision. Workshop staff #1 indicated there was no paid work opportunities in client #2's current workshop setting. Workshop staff #1 was uncertain if vocational assessments had been completed for clients #2 and #3.</p> <p>Client #1's record was reviewed on 1/7/16 at 11:33 AM and failed to indicate a vocational assessment.</p> <p>Client #2's record was reviewed on 1/7/16 at 10:40 AM and failed to indicate a vocational assessment.</p> <p>Client #3's record was reviewed on 1/7/16 at 11:59 AM and failed to indicate a vocational assessment.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/7/16 at 4:00 PM and indicated there were no vocational assessments available to review and the assessments should be completed on an annual basis.</p> <p>9-3-4(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must</p>				

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	<p>assure that all drugs are administered in compliance with the physician's orders. Based upon record review and interview for 1 of 3 sampled clients (client #3), and 1 additional client (client #6), the facility failed to ensure medications were administered in accordance with physician's orders.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 1/6/16 at 3:20 PM and indicated the following medication administration errors:</p> <ol style="list-style-type: none"> 1. A report dated 11/16/15 indicated client #3 did not receive Vimpat (seizures) 100 mg (milligrams) at 7:00 AM. The report indicated staff #3 would be retrained by the nurse on medication administration procedures. 2. A report dated 12/12/15 at 2:00 PM indicated client #6 did not receive her 2:00 PM Vimpat. The report indicated staff #1 would be retrained on medication administration procedures. 3. A report dated 12/12/15 at 7:00 PM indicated client #3 did not receive her Vimpat as per physician's orders. The 	W 0368	<p>It will be the responsibility of the Licensed Nurse to re-train the residential staff on the importance of administering all medications in compliance with physicians orders without error In the future it will be the shared responsibility of the Licensed Nurse and the QIDP to ensure that DSP follow medication administration protocols In the future the Licensed Nurse will be responsible to observe a med pass at least once per Quarter The QIDP will be responsible to observe at least 2 per Quarter Collectively there will be at least one med pass observation per month During the quarter those observations will include med pass observations of at least one AM, one PM, and one week-end medication administration In the future the Licensed Training Nurse will ensure that all new hires observe correct medication passes prior to ever administering medications themselves, and will be observed by the License Training Nurse during their fist med pass to ensure they thoroughly understand their medication administration protocols to administer all medications in compliance with physicians orders without error</p>	02/10/2016	

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	<p>report indicated staff #1 would receive a written warning and would be retrained by the group home nurse on medication administration procedures.</p> <p>4. A report dated 12/14/15 at 7:00 AM indicated client #3 did not receive her Vimpat as ordered by the physician. The report indicated staff #7 would receive a written warning and would be retrained by the group home nurse on medication administration procedures.</p> <p>Client #3's record was reviewed on 1/7/16 at 11:59 AM. A physician's order dated 9/10/15 indicated client #3 was prescribed Vimpat 200 mg twice daily for seizure control.</p> <p>The group home nurse was interviewed on 1/7/16 at 1:21 PM and indicated medications should be administered without error. She indicated staff were retrained on medication administration procedures after each error and disciplinary action would be taken if more than one error occurred by staff.</p> <p>The facility's Medication Error(s) policy and procedure (undated) was reviewed on 1/7/16 at 2:34 PM and indicated clients were to receive medications without error.</p>						

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W 9999 Bldg. 00	<p>9-3-6(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers</p>	W 9999	<p>It will be the responsibility of the CFO to re-train the HR assistant to complete all of the pre-employment documentation check list prior to any new hire working with program participant(s)</p> <p>In the future it will be the responsibility of the HR asst to compile all required documentation prior to employment & submit it to the CFO or his/her designee for conformation prior to any new hire working with program participant(s) It will also be the responsibility of the QIDP to verify with the HR asst all required documentation has been obtained prior to scheduling the new hire(s) first day of working with program participant(s)</p>	02/10/2016

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	<p>shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on observations, record review and interview, for 1 of 3 staff (staff #2) personnel files reviewed, the facility failed to ensure a bureau of motor vehicles record was obtained prior to employment.</p> <p>Findings include:</p> <p>During entrance at the facility on 1/6/16 at 4:20 PM, clients #2 and #4 were observed in the facility office after being driven to the office by staff #2.</p> <p>The facility's personnel files were reviewed on 1/6/16 at 4:00 PM. Records for staff #2 failed to indicate documentation of a bureau of motor vehicles check.</p> <p>The Human Resource's staff was interviewed on 1/7/16 at 9:40 AM and indicated staff #2 had not yet had a bureau of motor vehicle check and should not drive clients until it had been completed.</p> <p>9-3-2(c)(3)</p>			

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

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