

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G155	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/10/2015
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NAME OF PROVIDER OR SUPPLIER PIKE COUNTY ARC MAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 MAIN ST PETERSBURG, IN 47567
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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
W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: July 7, 8, 9 and 10, 2015</p> <p>Facility Number: 000691 Provider Number: 15G155 AIM Numbers: 100234490</p> <p>This state rule is cited in accordance with 460 IAC 9.</p>	W 0000		
W 9999 Bldg. 00	<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</p>	W 9999	<p>The facility did not have three reference checks completed for staff #3. Residential Coordinator was provided with three references by staff #3. Two checks were completed. Residential Coordinator attempted to contact the third one, received no answer, and left a message to return call. The personnel record was filed while waiting for call back. The reference never returned the call and Residential Coordinator forgot the reference checks were not completed.</p>	07/23/2015

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>would be employed where there is: (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 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 record review and interview, for 1 of 3 staff (staff #3) personnel files, the facility failed to ensure three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's personnel files were reviewed on 7/9/15 at 10:12 AM. Records for staff #2 indicated 2 complete references. A third reference indicated the name of the employer only.</p> <p>The Residential Coordinator was interviewed on 7/10/15 at 10:40 AM and</p>		<p>A third reference check was completed for staff #3.</p> <p>All other personnel records were reviewed to ensure all staff working for facility had at least three completed reference checks.</p> <p>To prevent this issue from occurring in the future, personnel records will not be filed until all required reference checks are completed. If a reference provided cannot be reached, the new hire will be required to provide another reference until a minimum of three is reached.</p> <p>The Residential Coordinator will be responsible for ensuring all required reference checks are completed and responses documented upon hiring a new staff member.</p>	

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	<p>indicated she had been the person who had verified the references for staff #3 at the time she was hired. She indicated she was unable to obtain more information from staff #3's previous employer.</p> <p>9-3-2(c)(3)</p>				