

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br>15G134          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING   | (X3) DATE SURVEY<br>COMPLETED<br>03/02/2022 |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>ARC OPPORTUNITIES INC |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>0170 W 300 N<br>HOWE, IN 46746 |   |   |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  | (X5)<br>COMPLETION<br>DATE                  |
| W 0000<br><br>Bldg. 00                                    | <p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 2/21, 2/22, 2/24, and 3/2/22.</p> <p>Facility number: 000671<br/>Provider number: 15G134<br/>AIM number: 100234320</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 3/17/22.</p>  | W 0000  |   |   |
| W 0247<br><br>Bldg. 00                                    | <p>483.440(c)(6)(vi)<br/><b>INDIVIDUAL PROGRAM PLAN</b></p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation, record review, and interview for 3 of 3 sampled clients (#1, #2, and #3) plus 3 additional clients (#4, #5, and #6), the facility failed to ensure clients had the choice of drinks and condiments at meals.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 2/21/22 from 3:35 PM through 5:22 PM. At 5:13 PM, clients #1, #2, #3, #4, #5, and #6 were seated at the dining room table. Staff #3 told the clients they could only have ketchup for their meal because it was on the menu. Client #4 indicated she wanted barbecue sauce for her food. Staff #3 told client #4 she could not have barbecue sauce because it was not on the menu.</p> | W 0247  | <p>All staff will be retrained on the right of choice in formal and informal settings by 5/6/2022.</p> <p>It will be the responsibility of the QDIP at monthly house observations to observe staff and ensure that choices are offered at meals including choice of drinks and condiments as requested and available.</p> <p>Annually all staff will be retrained at the Annual Staff Meeting on decision making and choice selection in both formal and informal settings.</p> | 05/06/2022                                  |

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>Observations were completed in the group home on 2/22/22 from 5:41 AM through 7:35 AM. At 6:03 AM, client #2 told staff #3 she wanted coffee with her breakfast. Staff #3 told client #2 coffee was not on the menu so she could not have it. Client #2 became upset and said she wanted coffee multiple times.</p> <p>The undated menu was reviewed on 2/22/22 at 7:00 AM. The undated menu indicated dinner consisted of BBQ chicken sandwich, baked potato wedges, broccoli and cauliflower, pear salad, and milk. The undated menu indicated breakfast consisted of vitamin c juice, hot/cold cereal, sausage link, mini-Danish, milk, and jelly.</p> <p>The CEO (Chief Executive Officer), QIDP-D (Qualified Intellectual Disability Professional-Designee), the agency LPN, the Human Resource Director, and the Residential Director (RD) were interviewed on 3/2/22 at 10:02 AM. The CEO indicated clients should be able to have a choice of drinks and condiments for each meal.</p> <p>9-3-4(a)</p> |  |  |   |