STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G437	A. BUILDING 00 B. WING	06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ARC SOUTHWEST INDIANA, THE	1015 S STOUT ST PRINCETON, IN 47670

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for a pre-determined full recertification and state licensure survey. This visit included the investigation of complaints #IN00393328 and #IN00394603. Complaint #IN00393328: No deficiencies related to the allegation(s) are cited. Complaint #IN00394603: No deficiencies related to the allegation(s) are cited. Dates of Survey: 6/16/23, 6/19/23, 6/20/23, 6/21/23, 6/22/23 and 6/23/23. Facility Number: 000951 Provider Number: 15G437 AIMS Number: 100244590 These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/12/23.	W 0000		
W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 of 3 sampled clients (C), the facility failed to ensure client C's plan for falls included specific instructions to staff regarding the use of a gait belt. Findings include: An observation was conducted at the agency	W 0240	W240 Exhibit A Staff have been in serviced on how to properly apply gait belt, assisting transfer with gate belt and assisting to walk using the gate belt. Three other clients were effected, it will be the responsibility of the Home	07/24/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
G. Wesley Bennett	Residential Director	08/08/2023

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	owned day program on 6/19/23 from 1:00 PM until 2:10 PM. At 1:33 PM client C was sitting on a bench with a gait belt on with a rolling walker. At 2:00 PM client C was prompted to the kitchen area for snack. Client C got up from the bench and used her walker to walk into the kitchen area. Client C was wearing a gait belt but received no assistance from staff. An observation was conducted at the group home on 6/19/23 from 3:40 PM until 5:30 PM. At 3:49 PM client C was prompted to come take her medications. Client C used the lift function on her recliner, stood up, got her walker from beside her chair and walked into the office. Client C was wearing a gait belt but received no assistance from staff to walk. At 3:59 PM client C left the office and walked back to her recliner in the living room without any assistance from staff. At 4:32 PM client C was prompted to wash her hands in preparation to eat dinner. Client C used the lift function on her recliner, stood up, got her walker and went to wash her hands. Client C was wearing a gait belt but received no assistance from staff to walk. At 4:38 PM client C sat down at the table for dinner without any assistance from staff. Client C's record was reviewed on 6/20/23 at 11:44 AM. Client C's physical therapy note dated 5/25/23 indicated, "Patient is not safe to walk without standby assistance. Continue physical therapy 2 times weekly to focus on balance and gait training." Client C's Fall Protocol dated 5/1/23 did not include specific instructions regarding the use of a gait belt. An interview was conducted on 6/21/23 at 12:04 PM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated the		Manager and Day Service Director to assure that the plan is being followed by staff. Residential Director will follow up weekly to maintain progress with staff and clients. This plan was in serviced by both group home and day service staff. High Risk Plan was updated by the nurse. Effective July 24, 2023	

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	use of a gait belt should be included in the fall risk plan. An interview was conducted on 6/21/23 at 12:37 PM with the RN (Registered Nurse). The RN stated, "The gait belt should be part of the fall high risk management plan giving staff instructions on how to use the gait belt." 9-3-4(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, interview and record review for 1 of 3 sampled clients (B), the facility failed to ensure client B's formal training objectives were implemented during formal and informal training opportunities. Findings include: Observations were conducted at the group home on 6/19/23 from 3:40 PM until 5:30 PM. At 4:28 PM client B was sitting in the living room in a chair with a blanket covering him. At 4:30 PM DSP (Direct Support Professional) #4 was in the kitchen placing food into a food processor. DSP #4 turned on the food processor. DSP #4 put the contents from the food processor onto a plate with high sides. At 4:32 PM client B was assisted to the dining room. Client B was placed in front of the plate containing the pureed food.	W 0249	W249 Exhibit B QIDP will monitor weekly by checking the progress within the facility, to ensure proper documentation is being completed daily. Training was given to the staff; Home Manager will be responsible to monitor 4x weekly, that staff is documenting daily and that this goal is being met. Residential Director will meet with Home Manager weekly to go over goal outcome. In service on goals and training objectives and how to properly document and the reasons it is required as a job duty for Direct Care Professionals. Effective July 24, 2023	07/24/2023

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	Client B's record was reviewed on 6/20/23 at 9:54 AM. Client B's ISP (Individual Support Plan) dated 2/1/23 indicated client B had a formal training goal, "Will push the puree button to prepare my food at least 3 times weekly." An interview was conducted on 6/21/23 at 11:00 AM with the RD (Residential Director). The RD stated, "training goals are to be implemented as outlined in the ISP." An interview was conducted on 6/21/23 at 12:04 PM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated, "staff should have attempted to implement the goal." 9-3-4(a)			
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 sampled clients (B), the facility's nursing services failed to ensure client B's medication label matched the MAR (Medication Administration Record). Findings include: An observation was conducted at the group home on 6/19/23 from 3:40 PM until 5:30 PM. At 4:20 PM client B was assisted into the office to receive his medications. The instructions on the label of Chlorhexidine (treat gingivitis) indicated, "swish and spit 15 mL (milliliters) 3 times a day 6:30 AM, 4:30 PM and 8:00 PM". DSP (Direct Support Professional) #3 poured 15 mL into a small cup, used a dental swab to absorb the liquid, then	W 0331	W331 Exhibit C The order was changed by physician, so that MAR and label matches. Staff was in serviced on the change; the nurse's office will monitor to ensure that order is being followed within the home. Residential Director will follow up with Home Manager to ensure that the MAR and label do match. There will be observation by the nurse not limited to approved staff who do supervised medication passes. Staff is to follow policy and procedure when administering medications, making sure that	07/24/2023

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	placed the swab into client B's mouth and proceeded to use it in his mouth. Client B's record was reviewed on 6/20/23 at 9:54 AM. Client B's MAR (Medication Administration Record) dated May 2023 indicated, "CHLORHEXIDINE 0.12% RINSE Use 15 ML to brush gums (3) times a daily for Dental Hygiene. Use Toothbrush or Toothette to apply. Unable to SWISH AND SPIT." An interview was conducted on 6/21/23 at 11 AM with the RD (Residential Director). The RD stated, "The label and MAR should match." An interview was conducted on 6/21/23 at 12:37 PM with the RN (Registered Nurse). The RN stated, "The MAR and label should match, staff should follow the MAR when administering medications." The RN indicated the staff should have notified her the label and MAR did not match. 9-3-6(a)		MAR's and Label match. Effective July 24, 2023.	
W 0454 Bldg. 00	483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation and interview for 7 of 7 clients living in the group home (A, B, C, D, E, F and G), the facility failed to ensure staff appropriately disposed of contaminated waste. Findings include: An observation was conducted on 6/19/23 from 3:40 PM until 5:30 PM. At 3:49 PM client C came into the office. DSP (Direct Support Professional)	W 0454	W454 Exhibit D The Arc Infection Control and Universal Precautions policy indicates Sharps, to include needles, blades, or other sharp instruments be collected in a rigid, impervious (puncture proof) container. There is a sharps container that's provided for staff in	07/24/2023

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	#3 used an alcohol wipe and cleaned client C's finger tip. DSP #3 placed the lancing device on the tip of client C's finger and pushed a button releasing the lancet (needle) to prick her finger. DSP #3 then placed a drop of blood on the testing strip to obtain a blood sugar reading. DSP #3 removed the endcap from the lancing device and ejected the lancet into the office trash can. DSP #3 then prepared client C's Novolog (insulin) Flex Pen by taking the cap off the pen and placing a package containing the needle on top of the pen and twisting the needle into place. DSP #3 administered the Novolog to client C, then used the needle package to remove the needle from the pen and threw the needle in the office trash can. At 4:24 PM client A came into the office and was given his blood glucose meter. Client A cleaned his finger tip with an alcohol wipe. Client A loaded the lancet into the lancing device. Client A placed the lancing device on the tip of his finger and pushed the button releasing the lancet to prick his finger. Client A placed a drop of blood onto the testing strip and the machine indicated an error code. Client A removed the lancet and threw the lancet into the office trash. Client A started the testing process over again and obtained a blood sugar reading. Client A threw the lancet into the trash can in the office. An observation was conducted on 6/20/23 from 6:20 AM until 8:20 AM. At 6:30 AM client F came into the office to receive his morning medications. DSP #1 gave client F his blood glucose meter. Client F cleaned his finger tip with an alcohol wipe. Client F loaded the lancet into the lancing device. Client F placed the lancing device on the tip of his finger and pushed the button releasing the lancet to prick his finger. Client F placed a drop of blood onto the testing strip. Client F removed the lancet and threw the lancet into the		the medication office. Staff has been in serviced on the proper disposal of any sharp objects, to include needles, blades or any other sharp instruments be collected in the sharps container that has been provided in the facility. Home Manager will monitor to assure that the sharps container is available and when full will notify the nurse. Effective July 24, 2023.	

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	office trash. The lancets and needle were not disposed of in a safe manner affecting clients A, B, C, D, E, F and G. A review was conducted on 6/21/23 at 3:30 PM of the agency Infection Control and Universal Precautions dated 3/9/22. The policy indicated, "Sharps, to include needles, blades, or other sharp instruments, shall be collected in a rigid, impervious (puncture proof) container. The container must be no larger than 21" (inches) long X 12 " tall. The container shall be closed securely and marked 'Contaminated Sharps.'" An interview was conducted on 6/21/23 at 11:00 AM with the RD (Residential Director). The RD stated, "A sharps container should be at the house and should be used." An interview was conducted on 6/21/23 at 12:37 AM with the RN (Registered Nurse). The RN stated, "Lancets and needles should be put into the SHARPS container, not the office trash can." 9-3-7(a)			
W 0460 Bldg. 00	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) and 4 additional clients (D, E, F and G), the facility failed to ensure each client received a balanced meal. Findings include: An observation was conducted at the group home	W 0460	W460 Exhibit E The Arc has a in house Dietician who compiles and provides a healthy and balanced menu for our clients that is planned in accordance with The American Dietary Assoc. The Menu is well balanced and provides a variety of	07/24/2023

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	on 6/19/23 from 3:40 PM until 5:30 PM. At 4:32 PM clients A, B, C, D, E, F and G sat down at the table. The clients received 1 flour tortilla shell with a scoop of chicken with taco seasoning, cheese and black beans, a handful of tortilla chips, a small cup of salsa and mixed fruit. Clients A, B, C, D, E, F and G did not receive a vegetable. A balanced meal was not provided to clients A, B, C, D, E, F and G. A review of the 6/23 agency menu posted on the refrigerator on 6/19/23 at 5:15 PM indicated, "Meatloaf, mashed potatoes (1/2 cup), steamed carrots (1/2 cup), steamed broccoli (1/2 cup), dinner roll and beverage of choice." An interview was conducted on 6/19/23 with DSP (Direct Support Professional) #3 at 5:25 PM. DSP #3 indicated the menu should be followed. An interview was conducted on 6/21/23 at 12:37 PM with the RN (Registered Nurse). The RN stated, "a vegetable should have been provided to ensure the individuals received a balanced meal." 9-3-8(a)		vegetables. In service on nutrition and following the menu as outlined for the home, menu substitutions, portion sizes, and components of a balance diet was conducted. Home Manager will be responsible to ensure that the consumer diets are being followed. Residential Director and Dietician will communicate with the Home Manager weekly to ensure that the policy is being followed and to offer further training for staff if needed. Also Residential Director and Residential Admin. will observe meal prep 5x weekly to ensure that menu is followed. Effective July 24, 2023.	
W 0474 Bldg. 00	483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. Based on observation, record review and interview for 1 of 3 sampled clients (C), the facility failed to ensure client C's dining plan was implemented as written. Findings include: An observation was conducted at the group home	W 0474	W474 Exhibit F (Client C) Staff has been in serviced on the dinning plans that have been set for consumer. And have been trained to observe the client, to be assured that they are not consuming anything that may	07/24/2023

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	on 6/19/23 from 3:40 PM until 5:30 PM. At 4:32 PM client C received a handful of tortilla chips. Client C ate a few of the whole crunchy tortilla chips with the salsa. Client C's record was reviewed on 6/20/23 at 11:44 AM. Client C's high risk management plan dated 5/1/23 indicated, "A dining plan: Dysphagia III with meats cut into small, bite-sized pieces, no crunchy, hard, or sticky foods." An interview was conducted on 6/19/23 at 5:25 PM with DSP (Direct Support Professional) #3. DSP #3 stated, "[Client C] is to receive bite size foods." An interview was conducted on 6/21/23 at 12:04 PM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated, "Staff should follow dining plans." An interview was conducted on 6/21/23 at 12:37 PM with the RN (Registered Nurse). The RN stated, "[Client C] should not have gotten taco/tortilla chips with her dinner." 9-3-8(a)		be crunchy, hard, or sticky. And to make sure that client's meat is being cut into small, bite sized pieces per high-risk management. Home Manager will monitor that the goal is being followed by staff. Staff was in serviced on (Client C). Staff will provide a substitute for crunchy, hard or sticky food. Also staff will prompt her from taking food from her husbands plate or tries to put these items on her plate. Effective July 24, 2023.	
W 9999 Bldg. 00	State Findings The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met: 460 IAC 9-3-1(b) Governing Body (b) The residential provider shall report the	W 9999	W9999 Exhibit G The nurse's office staff were in serviced on the handling of IR'S within the time that is allotted. The Director will monitor that all IRs are being complete within the time that's allotted, and that they are thorough and accurate.	07/24/2023

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	following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: 11) An emergency intervention for the individual resulting from: a medical condition. This state rule was not met as evidenced by: Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure BDDS (Bureau of Developmental Disabilities Services) incident reports were filed within 24 hours of knowledge for client A. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) incident reports were reviewed on 6/19/23 at 12:30 PM. The review indicated the following: A 4/17/23 BDDS incident report indicated, "On 4/14/23 [client A] began having a hypoglycemic event. His blood sugar was 47. Staff gave [client A] a tube of Glucose Gel (fast acting glucose) per PRN (As Needed) order. [Client A] became combative and 911 was contacted per nurse's instructions. EMS (Emergency Medical Services) transported [client A] to the emergency room. [Client A's] blood sugar was 332 when he arrived at the emergency room. [Client A] was given IV (Intravenous Fluids). He was discharged to follow up with PCP (Primary Care Physician) ASAP (As Soon As Possible) (and) continue Glucose Gel PRN for any further hypoglycemic events." An interview was conducted on 6/16/23 at 12:01 PM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP stated, "Staff		Effective July 24, 2023.	

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	are to notify administrative staff immediately for emergency room visits." The QIDP stated, "Administrative staff have 24 hours to file an incident report upon knowledge of an incident." An interview was conducted on 6/21/23 at 11:00 AM with the RD (Residential Director). The RD stated, "staff are to immediately notify administrative staff so an incident report can be filed." 9-3-1(b)			