

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 01/26/2021
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NAME OF PROVIDER OR SUPPLIER ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S STOUT ST PRINCETON, IN 47670
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Survey Dates: January 19, 20, 21, 22, 25 and 26, 2021</p> <p>Facility Number: 000951 Provider Number: 15G437 AIM Number: 100244590</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/1/21.</p>	W 0000		
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to meet the Condition of Participation: Governing Body. The facility's governing body failed to exercise operating direction over the facility by failing to ensure the exit door to the bedroom hallway was not blocked by furniture being stored in the hallway, client #1 did not pay for repairs to his helmet, the Qualified Intellectual Disabilities Professional (QIDP) integrated, coordinated and monitored the clients' program plans, the staff provided continuous, aggressive and consistent active treatment to the clients, the clients' training objectives were implemented as written, the</p>	W 0102	<p><b>The following will be monitored by the Director of Operations and Residential Director</b></p> <p><b>Blocked Exits - In-services completed by Manager, Maintenance, QIDP, and Management stating they should never have exit doors or windows blocked. All items blocking the pathway were removed the day of the survey. Monitoring to keep pathways open will be completed by Manager who will be in the</b></p>	02/25/2021

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>clients had active treatment schedules for staff to implement, staff documented the implementation of client #3's program plan training objectives, the clients' program plan training objectives were revised when the clients failed to progress in achieving their goals, the facility's specially constituted committee (Human Rights Committee/HRC) reviewed, approved and monitored client #1, #2 and #3's restrictive behavior plans, and the facility's specially constituted committee (Human Rights Committee/HRC) ensured written informed consent was obtained from client #3's guardian for his restrictive Behavior Support Plan.</p> <p>Findings include:</p> <p>1) Please refer to W104. For 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the exit door to the bedroom hallway was not blocked by furniture being stored in the hallway. The governing body failed to ensure client #1 did not pay for repairs to his helmet. The facility's governing body failed to oversee the Qualified Intellectual Disabilities Professional (QIDP) to ensure the QIDP integrated, coordinated and monitored the clients' program plans.</p> <p>2) Please refer to W195. For 5 of 6 clients living in the group home (#1, #2, #3, #5 and #6), the governing body failed to meet the Condition of Participation: Active Treatment Services. The facility's governing body failed to provide continuous, aggressive and consistent active treatment to the clients. The facility's governing body failed to ensure the clients' training objectives were implemented as written. The</p>		<p><b>home at least 5 days per week; Maintenance monthly; QIDP, Nurse, Quality Assurance, and Residential Director will monitor weekly.</b></p> <p><b>Financial Department will repay Client #1's for the helmet repair of \$116 and in-services will be completed by financial department. Individuals will not be responsible for the cost of adaptive equipment or repairs unless it is stated in the Individual's Support Plan or Behavior Support Plan. The Arc Southwest Indiana will reimburse Client #1 for the repair of his helmet.</b></p> <p><b>QIPD and manager will monitor staff to ensure the individuals receive continuous, aggressive and consistent active treatment. QIDP has created an active treatment schedule to be followed daily and during day program closure. Staff shall follow it as close as possible. The schedule will allow individuals the opportunity to make activity choices. QIDP will ensure individuals will have a meaningful day.</b></p> <p><b>Objectives will be changed, revised, and monitored to ensure goals show continuous growth. If the individual fails to progress or achieve their goal, the objective will be updated. All objectives will be</b></p>		

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	<p>facility's governing body failed to ensure the clients had active treatment schedules for staff to implement. The facility's governing body failed to ensure staff documented the implementation of client #3's program plan training objectives. The facility's governing body failed to revise the clients' program plan training objectives when the clients failed to progress in achieving their goals. The facility's governing body failed to ensure the specially constituted committee (Human Rights Committee/HRC) reviewed, approved and monitored client #1, #2 and #3's restrictive behavior plans. The facility's governing body failed to ensure the specially constituted committee (Human Rights Committee/HRC) ensured written informed consent was obtained from client #3's guardian for his restrictive Behavior Support Plan.</p> <p>3) Please refer to W318. For 3 of 3 clients in the sample (#1, #2 and #3), the governing body failed to meet the Condition of Participation: Health Care Services. The facility's governing body failed to ensure nursing services ensured: 1) client #1 had a follow up gastroenterology appointment as indicated, 2) client #3 had a follow up orthopedic appointment as indicated, 3) clients #1, #2 and #3 had annual physical examinations, 4) client #1 had an annual evaluation of his vision, client #2 had an annual evaluation of her vision and hearing, and client #3 had an annual evaluation of his vision, 5) client #1's pill crusher was washed after each use, and 6) client #1 had a follow-up dental appointment as indicated.</p> <p>9-3-1(a)</p>		<p><b>reviewed and documented monthly and quarterly by the QIDP. Human Right Committee will convene quarterly on the first Tuesday of every third month. QIDP will have all right restrictions, BSPs, and ISPs, monitored and reviewed by HRC prior to implementing. HRC Meeting was held February 9th at 8:45 AM. QIDP will receive written informed consent from guardians or emancipated individual for restriction in BSPs. All QIDP responsibilities will be monitored by the Residential Director.</b></p> <p><b>Due to misunderstanding the ISDH Guideline during COVID, many appointments were not completed by Medical Coordinator and Nurse. The ISDH will be contacted by the Residential Director or Director of Operations if questions arise about ISDH Guidelines. Nurse, Medical Coordinator, and Managers will be responsible to ensure individual's hearing, vision, dental, annual physical and follow up appointments are completed in a timely manner. A document has been created to assist in tracking appointments. Many appointments have been</b></p>		

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W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the exit door to the bedroom hallway was not blocked by furniture being stored in the hallway. The governing body failed to ensure client #1 did not pay for repairs to his helmet. The facility's governing body failed to oversee the Qualified Intellectual Disabilities Professional (QIDP) to ensure the QIDP integrated, coordinated and monitored the clients' program plans.</p> <p>Findings include:</p>	W 0104	<p><b>scheduled and attended.</b></p> <p><b>Nurse and Managers will ensure all pill crushers have been removed from the home except for the Silent Knight Pill Crusher which requires no washing. Silent Knight Pill Crusher was ordered January 26, 2021 and in the home by February 1, 2021.</b></p> <p>See Admin In-service See Financial In-service See Active Tx Schedule See HRC Meeting Min See HRC Approvals See Pill Crusher Receipt</p>	02/25/2021	

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	<p>1) On 1/19/21 from 10:41 AM to 12:40 PM, 1/19/21 from 3:07 PM to 4:45 PM and 1/20/21 from 5:54 AM to 7:53 AM, observations were conducted at the group home. During the observations, there were a loveseat and a dresser blocking the exit door in the bedroom hallway. The dresser was on one wall and the loveseat was on the opposite wall. There was a one foot space between the loveseat and the dresser. Clients #1 and #4 used a wheelchair for ambulation. Client #6 used a walker. There was not enough space between the loveseat and dresser for clients #1, #4 and #6 to exit the home using their adaptive equipment. The dresser and loveseat impeded access to the exit door for clients #1, #2, #3, #4, #5 and #6.</p> <p>On 1/20/21 at 11:16 AM, the Residential Director (RD) indicated the loveseat and dresser needed to be removed from the home. The RD indicated the furniture was blocking the exit. The RD indicated client #4 recently purchased a new lift recliner requiring the living room to be rearranged and the furniture to be moved into the hallway.</p> <p>On 1/19/21 at 12:08 PM, staff #4 indicated the couch and loveseat had been in the hallway for about one week. Staff #4 stated it was a "fire safety issue" due to blocking the exit door. Staff #4 indicated clients #1 and #4 used wheelchairs for ambulation and client #6 used a walker. Staff #4 indicated clients #1, #4 and #6 could not exit the group home using the door in the hallway due to it being blocked by the furniture.</p> <p>On 1/20/21 at 11:16 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the furniture needed to be removed from the hallway.</p> <p>2) On 1/19/21 at 10:20 AM, a review of client #1's finances was conducted. A 7/6/20 Requisition</p>		<p>open and free of clutter and debris. Arc Southwest Indiana will reimburse Client #1's for the helmet repair of \$116 and in-services will be completed by financial department. Individuals will not be responsible for the cost of adaptive equipment or repairs unless it is stated in the Individual's Support Plan or Behavior Support Plan due to behaviors. The Arc Southwest Indiana will reimburse Client #1 for the repair of his helmet. Objectives will be changed, revised, and monitored to ensure goals show continuous growth through using SMART Goals. If the individual fails to progress or achieve their goal, the objective will be updated by the IDT Team and QIDP. All objectives will be reviewed and documented monthly and quarterly by the QIDP and be overseen by the Residential Director.</p> <p>QIDP and Manager will ensure snack foods, soda, deep freezer and chemicals are not locked up unless there is an HRC approval with documentation proving the need of the restriction. Arc Southwest Indiana desires to follow the least restrictive measures.</p> <p>QIDP or designee (Admin Assistant) will confirm manager completes competency fire drill training with new hires to ensure staff knows who will be evacuated</p>	

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	<p>Form indicated, "Repair of consumers (sic) helmet. \$116.00." On 7/7/20, client #1 paid \$116.00 to have his helmet repaired. Client #1's helmet needed a new foam visor and chin guard.</p> <p>On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. There was no documentation in client #1's 2/1/20 Individualized Support Plan and 2/1/20 Behavior Support Plan indicating client #1 was responsible for the costs of repairing his helmet. The BSP indicated his targeted behaviors included physical aggression, verbal aggression and PICA (ingestion of non-nutritive substances).</p> <p>On 1/19/21 at 3:27 PM, staff #4 indicated client #1, on occasion, would throw his helmet however she had never seen damage to the helmet due to client #1 throwing it.</p> <p>On 1/19/21 at 1:26 PM, the Residential Director (RD) indicated client #1 did not have a plan for him to pay for his helmet repairs. The RD indicated, at times, client #1 threw his helmet causing damage to his helmet. The RD indicated the facility should have paid for the repairs. The RD stated client #1 "needs reimbursed."</p> <p>On 1/19/21 at 1:36 PM, the Chief Financial Officer (CFO) indicated the helmet was client #1's responsibility. The CFO indicated the helmet was fitted for him. The CFO indicated since Medicaid did not pay for the repairs and client #1 had enough money to pay for the repairs, he paid for his repairs.</p> <p>3) Please refer to W159. For 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility's governing body failed to provide sufficient oversight of the Qualified Intellectual</p>		<p>first, locate pull stations , locate safe gathering places, location of fire extinguishers, and etc. QIDP and manager will monitor staff to ensure the individuals receive continuous, aggressive and consistent active treatment. QIDP has created an active treatment schedule to be followed daily and during day program closure. Staff shall follow it as closely as possible. The schedule will allow individuals the opportunity to make activity choices. QIDP will ensure individuals will have a meaningful day. Human Right Committee will convene quarterly on the first Tuesday of every third month. QIDP will have all right restrictions, BSPs, and ISPs, monitored and reviewed by HRC prior to implementation. HRC Meeting was held February 9th at 8:45 AM. QIDP will receive written informed consent from guardians or emancipated individual for restriction in BSPs. All QIDP responsibilities will be monitored by the Residential Director.</p> <p>Nurse, Medical Coordinator, and Managers will be responsible to ensure individual's hearing, vision, dental, annual physical and follow up appointments are completed in a timely manner. A document has been created to assist in tracking</p>		

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	<p>Disabilities Professional (QIDP) to ensure: 1) quarterly reviews were conducted of the clients' training objectives, 2) the clients had the right to due process in regard to locking up of snack food, sodas, a deep freezer and chemicals, 3) overnight shift staff received competency based training to conduct evacuation drills, 4) staff provided continuous, aggressive and consistent active treatment to the clients, 5) the clients' training objectives were implemented as written, 6) the clients had active treatment schedules for staff to implement, 7) staff documented the implementation of client #3's program plan training objectives, 8) the clients' program plan training objectives were revised when the clients failed to progress in achieving their goals, 9) the specially constituted committee (Human Rights Committee/HRC) reviewed, approved and monitored the clients' restrictive behavior plans, 10) the specially constituted committee (Human Rights Committee/HRC) ensured written informed consent was obtained from client #3's guardian for his restrictive Behavior Support Plan, and 11) staff conducted quarterly evacuation drills for each shift of personnel.</p> <p>4) Please refer to W196. For 5 of 6 clients in the home at the time of the survey (#1, #2, #3, #5 and #6), the facility's governing body failed to ensure the staff provided continuous, aggressive and consistent active treatment to the clients.</p> <p>5) Please refer to W331. For 3 of 3 clients in the sample (#1, #2 and #3), the facility's governing body failed to ensure nursing services ensured: 1) client #1 had a follow up gastroenterology appointment as indicated, 2) client #3 had a follow up orthopedic appointment as indicated, 3) clients #1, #2 and #3 had annual physical examinations, 4) client #1 had an annual</p>		<p>appointments. Many appointments have been scheduled and attended. See 200 Rights and Responsibilities of Consumers See Personal Property Destruction Policy See Human Right Committee Policy</p>	

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W 0125 Bldg. 00	<p>evaluation of his vision, client #2 had an annual evaluation of her vision and hearing, and client #3 had an annual evaluation of his vision, 5) client #1's pill crusher was washed after each use, and 6) client #1 had a follow-up dental appointment as indicated.</p> <p>9-3-1(a)</p> <p>483.420(a)(3) <b>PROTECTION OF CLIENTS RIGHTS</b> The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to ensure the clients had the right to due process in regard to locking up of snack food, sodas, a deep freezer and chemicals.</p> <p>Findings include:</p> <p>On 1/19/21 from 10:41 AM to 12:40 PM, an observation was conducted at the group home. During the observation, the closet door located in the office of the group home was locked. The items located in the locked closet included numerous bags of chips, several 12 packs of soda, packages of cookies, pudding and applesauce. During the observation, a closet door in one of the bathrooms was locked. Inside the closet were chemicals and cleaning supplies. There was also a deep freezer inside the locked closet. On 1/19/21 from 3:07 PM to 4:45 PM, an observation was conducted at the group home. At 4:10 PM, staff</p>	W 0125	Drinks, chemicals, snacks, and freezer had been locked. On 1/19/21, staff and manager were told to keep all the above items unlocked. Manager and staff completed a written in-service on 2/5/21 at a staff meeting to ensure everyone was aware these items cannot be locked up due to it being against the individuals' rights. All the above items will not be locked up. This will be monitored by QIDP, Nurse, and Residential Director. See Admin In-service (top of 2nd page) See R2 Meeting ISDH Survey	02/05/2021	

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	<p>#8 used a key to access the locked closet to get a pudding cup out for client #1's medication pass. During the survey, there was no soda, cookies or chips located in an area outside of the office closet. During the observation, a closet door in one of the bathrooms was locked. Inside the closet were chemicals and cleaning supplies. There was also a deep freezer inside the locked closet. The restrictions affected clients #1, #2, #3, #4, #5 and #6.</p> <p>On 1/19/21 at 4:36 PM, staff #8 stated the closet door was locked due to client #5 "being a diabetic and eating everything." Staff #8 indicated the staff was informed on 1/19/21 the closet door should not be locked. Staff #8 stated, "up till today, it's always been locked."</p> <p>On 1/20/21 at 6:56 AM, staff #2 stated the closet in the office was "normally locked. Told to not lock it yesterday." Staff #2 indicated until yesterday, the closet door was locked since October 2020 when he started worked at the group home. Staff #2 indicated the closet was locked due to client #2's and #5's food seeking.</p> <p>On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. Client #1's 2/1/20 Individualized Support Plan (ISP) and 2/1/20 Behavior Support Plan (BSP) did not indicate the need for the food, sodas and chemicals to be locked. There was no documentation in the record indicating the need for food, sodas and chemicals to be locked in a closet at the group home.</p> <p>On 1/20/21 at 10:28 AM, a review of client #2's record was conducted. Client #2's 12/1/20 ISP and 12/27/20 BSP did not indicate the need for the snack food, sodas and chemicals to be locked.</p>			

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	<p>There was no documentation in the record indicating the need for food, sodas and chemicals to be locked in a closet at the group home.</p> <p>On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. Client #3's 4/1/20 ISP and 12/1/20 BSP did not indicate the need for the food, sodas and chemicals to be locked. There was no documentation in the record indicating the need for food, sodas and chemicals to be locked in a closet at the group home.</p> <p>On 1/20/21 at 12:50 PM, a focused review of client #4's record was conducted. Client #4's 11/17/20 ISP (client #4 did not have a BSP) did not indicate the need for the food, sodas and chemicals to be locked. There was no documentation in the record indicating the need for food, sodas and chemicals to be locked in a closet at the group home.</p> <p>On 1/20/21 at 12:56 PM, a focused review of client #5's record was conducted. Client #5's 6/1/20 ISP and 12/18/20 BSP did not indicate the need for the food, sodas and chemicals to be locked. There was no documentation in the record indicating the need for food, sodas and chemicals to be locked in a closet at the group home.</p> <p>On 1/20/21 at 1:17 PM, a focused review of client #6's record was conducted. Client #6's 3/1/20 ISP (client #6 did not have a BSP) did not indicate the need for the food, sodas and chemicals to be locked. There was no documentation in the record indicating the need for food, sodas and chemicals to be locked in a closet at the group home.</p> <p>On 1/20/21 at 10:57 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated she</p>			

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W 0140 Bldg. 00	<p>thought the food locked in the office closet was food and drinks purchased by the clients. The QIDP indicated client #5 would take others' food if it was available. The QIDP stated, "We thought we were protecting against theft" by locking up the food and drinks. The QIDP indicated she found out on 1/19/21 the food, snacks and sodas were being locked. The QIDP indicated she would need to convene each clients' team, include the restrictions in their plans and obtain consent before restricting access. The QIDP stated the deep freezer was "not supposed to be locked. It used to be locked due to a client who moved out." The QIDP stated "there's no one there requiring chemicals to be locked." The QIDP indicated the locking of the sodas, food, snacks, sodas and chemicals was an unnecessary restriction.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 3 non-sampled clients (#5), the facility failed to keep an accurate accounting of client #5's finances to the penny.</p> <p>Findings include:</p> <p>On 1/19/21 at 10:20 AM, a review of the client's finances was conducted. Client #5's January 2021 financial ledger indicated he had \$0.18 in his account. When the Residential Director (RD) counted client #5's money, he had \$41.18. There was no accounting for the \$41.00 in his account.</p>	W 0140	<p>Manager was in-serviced on keeping an accurate account of money each individual has available in the home. It is the manager's responsibility to keep money ledger and funds at an equal balance. Manager will use paper receipts when Client # 5 desires to carry money on his person. Client # 5 has a training objective to bring receipts back to manager/staff when purchasing an item. Manager will document the deposit and paper receipts in the</p>	02/09/2021

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 01/26/2021
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NAME OF PROVIDER OR SUPPLIER ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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W 0159 Bldg. 00	<p>On 1/19/21 at 1:12 PM, the RD indicated client #5's ledger and cash on hand should match at all times.</p> <p>9-3-2(a)</p> <p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on observation, record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility's Qualified Intellectual Disabilities Professional (QIDP) failed to ensure: 1) quarterly reviews were conducted of the clients' training objectives, 2) the clients had the right to due process in regard to locking up of snack food, sodas, a deep freezer and chemicals, 3) overnight shift staff received competency based training to conduct evacuation drills, 4) staff provided continuous, aggressive and consistent active treatment to the clients, 5) the clients' training objectives were implemented as written, 6) the clients had active treatment schedules for staff to implement, 7) staff documented the implementation of client #3's program plan training objectives, 8) the clients' program plan training objectives were revised when the clients failed to progress in achieving their goals, 9) the specially constituted committee (Human Rights Committee/HRC) reviewed, approved and monitored the clients' restrictive behavior plans, 10) the specially constituted committee (Human Rights Committee/HRC) ensured written informed consent was obtained from client #3's guardian for his restrictive Behavior Support Plan, and 11) staff conducted quarterly evacuation drills for each shift of</p>	W 0159	<p>ledger, and place returned receipts from purchases on a separate page to show his advancement or lack of advancement on reaching his objective. See In-service Mgr K.Rhodes</p> <p>QIDP shall conduct a Quarterly Review of all individuals' training objectives to review their progress toward the goals. Quarterly Reviews will be conducted on a quarterly basis whether the IDT Team is able to meet at the specific scheduled time. During the time of the Pandemic, Zoom Meetings can be held. Objectives will be changed, revised, and monitored to ensure goals show continuous growth through using SMART Goals. If the individual fails to progress or achieve their goal, the objective will be updated by the IDT Team and QIDP. All objectives will be reviewed and documented monthly and quarterly by the QIDP and be overseen by the Residential Director.</p> <p>QIDP and Manager will ensure snack foods, soda, deep freezer and chemicals are not locked up unless there is an HRC approval with documentation proving the need of the restriction. Arc Southwest Indiana desires to</p>	02/25/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G437	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED  01/26/2021
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	<p>personnel.</p> <p>Findings include:</p> <p>1) On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. The QIDP conducted quarterly reviews of client #1's progress toward completing his training objectives on 1/9/20 and 9/30/20. No additional quarterly reviews were conducted.</p> <p>On 1/20/21 at 10:28 AM, a review of client #2's record was conducted. The QIDP conducted quarterly reviews of client #2's progress toward completing his training objectives on 1/14/20 and 9/22/20. No additional quarterly reviews were conducted.</p> <p>On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. The QIDP conducted quarterly reviews of client #3's progress toward completing his training objectives on 1/9/20, 5/27/20 and 9/30/20. No additional quarterly reviews were conducted.</p> <p>On 1/20/21 at 1:22 PM, the QIDP indicated due to the pandemic, she did not conduct quarterlies. The QIDP stated, "I didn't know what to do." The QIDP indicated reviews of the clients' progress should have been conducted quarterly.</p> <p>On 1/20/21 at 1:22 PM, the Residential Director indicated the QIDP should have completed reviews of the clients' progress on a quarterly basis.</p> <p>2) Please refer to W125. For 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility's QIDP failed to ensure the clients had the right to due process in regard to locking up of</p>		<p>follow the least restrictive measures. Staff and managers have been in-serviced. QIDP or designee (Admin Assistant/Medical Coordinator) will confirm manager have completed competency fire drill training with new hires to ensure staff knows who will be evacuated first, locate pull stations, locate safe gathering places, location of fire extinguishers, and etc. On-the-Job Training Packets will be completed by new hire staff and their managers. QIDP and manager will monitor staff to ensure the individuals receive continuous, aggressive and consistent active treatment. QIDP has created an active treatment schedule to be followed daily and during day program closure. Staff shall follow it as closely as possible. The schedule will allow individuals the opportunity to make activity choices. QIDP will ensure individuals will have a meaningful day. QIDP will retrain manager and staff on all individuals' goals and objectives and how to implement them. Staff shall prompt individual to complete their objectives as written in their ISP. QIDP will ensure staff are documenting objective correctly, and observe staff when running the goals for accuracy and individual's ability. This is part of their active</p>		

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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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	<p>snack food, sodas, a deep freezer and chemicals.</p> <p>3) Please refer to W189. For 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility's QIDP failed to ensure the overnight shift staff received competency based training to conduct evacuation drills.</p> <p>4) Please refer to W196. For 5 of 6 clients in the home at the time of the survey (#1, #2, #3, #5 and #6), the facility's QIDP failed to ensure staff provided continuous, aggressive and consistent active treatment to the clients.</p> <p>5) Please refer to W249. For 5 of 6 clients in the home at the time of the survey (#1, #2, #3, #5 and #6), the facility's QIDP failed to ensure the clients' training objectives were implemented as written.</p> <p>6) Please refer to W250. For 5 of 6 clients in the home at the time of the survey (#1, #2, #3, #5 and #6), the facility's QIDP failed to ensure the clients had active treatment schedules for staff to implement.</p> <p>7) Please refer to W252. For 1 of 3 clients in the sample (#3), the facility's QIDP failed to ensure staff documented the implementation of his program plan training objectives.</p> <p>8) Please refer to W257. For 3 of 3 clients in the sample (#1, #2 and #3), the facility's QIDP failed to revise the clients' program plan training objectives when the clients failed to progress in achieving their goals.</p> <p>9) Please refer to W262. For 3 of 3 clients in the sample (#1, #2 and #3), the facility's QIDP failed to ensure the specially constituted committee (Human Rights Committee/HRC) reviewed,</p>		<p>treatment and moving them to be as independent as possible. Weekly individuals' books will be reviewed for staff completing and implementation. Inservices and employee warnings will be used to enforce staff implementation and completion.</p> <p>QIDP will double check the objectives to ensure monthlies and quarterlies have all objectives listed that are to be implemented from the ISP. Objectives will be changed, revised, and monitored to ensure goals show continuous growth through using SMART Goals. If the individual fails to progress or achieve their goal, the objective will be updated by the IDT Team and QIDP. All objectives will be reviewed and documented monthly and quarterly by the QIDP and be overseen by the Residential Director.</p> <p>Human Right Committee will convene quarterly on the first Tuesday of every third month. QIDP will have all right restrictions, BSPs, and ISPs, monitored and reviewed by HRC prior to implementation. HRC Meeting was held February 9th at 8:45 AM. QIDP will receive written informed consent from guardians or emancipated individual for restriction in BSPs. QIDP or designee (Admin Assistant) will confirm manager completes competency fire drill training with new hires to ensure</p>	

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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S STOUT ST PRINCETON, IN 47670		
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W 0189 Bldg. 00	<p>approved and monitored the clients' restrictive behavior plans.</p> <p>10) Please refer to W263. For 1 of 3 clients in the sample (#3), the facility's QIDP failed to ensure the specially constituted committee (Human Rights Committee/HRC) ensured written informed consent was obtained from client #3's guardian for his restrictive Behavior Support Plan.</p> <p>11) Please refer to W440. For 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility's QIDP failed to ensure staff conducted quarterly evacuation drills for each shift of personnel.</p> <p>9-3-3(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on interview and record review for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to ensure the overnight shift staff received competency based training to conduct evacuation drills.</p> <p>Findings include:</p> <p>On 1/20/21 at 6:22 AM, staff #2 indicated he had not conducted an evacuation drill during the overnight shift (11:00 PM to 7:30 AM). Staff #2</p>	W 0189	<p>staff knows who will be evacuated first, locate pull stations, locate safe gathering places, location of fire extinguishers, and etc. The On-the-Job Training Form will be utilized to ensure all staff are aware and have a good working knowledge of the home, where all shut-offs are, and the additional info for fire and safety drill, and etc. This form will be turned into the QIDP. Drills will be documented with no blanks or documents will be returned to the staff person(s) completing the drill if not completed to its fullest. See QIDP S. Dillard ISDH Survey In-service See On-the-Job Training Competency Checklist See Active Tx Audit Checklist</p> <p>Staff # 2 completed an evacuation fire drill on 2/5/21 at 5am. Drills will be held during new hires in-home training. QIDP or designee (Admin Assistant) will confirm manager completes competency fire drill training with new hires to ensure staff knows who will be evacuated first, locate pull stations, locate safe gathering places, location of</p>	02/05/2021	

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W 0195 Bldg. 00	<p>indicated he was not trained to do an evacuation drill at the group home. Staff #2 indicated he started working at client #1, #2, #3, #4, #5 and #6's group home in October 2020. Staff #2 indicated he was not sure of the plan to evacuate or who to evacuate first. Staff #2 indicated clients #1 and #4 used wheelchairs for ambulation and client #6 used a walker. Staff #2 stated he would "probably" assist client #4 first but he was not certain. Staff #2 indicated clients #1, #4 and #6 all would need his assistance to exit the home due to their ambulation issues.</p> <p>On 1/22/21 at 12:57 PM, the surveyor requested documentation of staff #2's training to conduct evacuation drills at client #1, #2, #3, #4, #5 and #6's group home during the overnight shift. No documentation was provided of staff #2's training.</p> <p>On 1/22/21 at 12:57 PM, the Residential Director indicated staff #2 needs to receive additional training to conduct evacuation drills during the overnight shift.</p> <p>9-3-3(a)</p> <p>483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. Based on observation, interview and record review for 5 of 6 clients living in the group home (#1, #2, #3, #5 and #6), the facility failed to meet the Condition of Participation: Active Treatment Services. The facility failed to provide continuous, aggressive and consistent active treatment to the clients. The facility failed to ensure the clients' training objectives were implemented as written. The facility failed to ensure the clients had active treatment schedules</p>	W 0195	<p>fire extinguishers, and etc. The On-the-Job Training Form will be utilized to ensure all staff are aware and have a good working knowledge of the home, where all shut-offs are, and the additional info for fire and safety drill, and etc. This form will be turned into the QIDP. Drills will be documented with no blanks otherwise the drill document will be returned to the staff person(s) completing the drill. See On-the-Job Training See New Staff Overnight Fire Drill Evac Training</p> <p>QIDP and manager will monitor staff to ensure the individuals receive continuous, aggressive and consistent active treatment. QIDP has created an active treatment schedule to be followed daily and during day program closure. Staff shall follow it as closely as possible. The schedule will allow individuals the</p>	02/25/2021	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G437	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/26/2021
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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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	<p>for staff to implement. The facility failed to ensure staff documented the implementation of client #3's program plan training objectives. The facility failed to revise the clients' program plan training objectives when the clients failed to progress in achieving their goals. The facility's specially constituted committee (Human Rights Committee/HRC) failed to review, approve and monitor client #1, #2 and #3's restrictive behavior plans. The facility's specially constituted committee (Human Rights Committee/HRC) failed to ensure written informed consent was obtained from client #3's guardian for his restrictive Behavior Support Plan.</p> <p>Findings include:</p> <p>1) Please refer to W196. For 5 of 6 clients in the home at the time of the survey (#1, #2, #3, #5 and #6), the facility failed to provide continuous, aggressive and consistent active treatment to the clients.</p> <p>2) Please refer to W249. For 5 of 6 clients in the home at the time of the survey (#1, #2, #3, #5 and #6), the facility failed to ensure the clients' training objectives were implemented as written.</p> <p>3) Please refer to W250. For 5 of 6 clients in the home at the time of the survey (#1, #2, #3, #5 and #6), the facility failed to ensure the clients had active treatment schedules for staff to implement.</p> <p>4) Please refer to W252. For 1 of 3 clients in the sample (#3), the facility failed to ensure staff documented the implementation of his program plan training objectives.</p> <p>5) Please refer to W257. For 3 of 3 clients in the sample (#1, #2 and #3), the facility failed to revise</p>		<p>opportunity to make activity choices. QIDP will ensure individuals will have a meaningful day. QIDP will retrain manager and staff on all individuals' goals and objectives and how to implement them. Staff shall prompt individual to complete their objectives as written in their ISP. QIDP will ensure staff are documenting objective correctly, and observe staff when running the goals for accuracy and individual's ability. This is part of their active treatment and moving them to be as independent as possible. Weekly individuals' books will be reviewed for staff completing and implementation. Inservices and employee warnings will be used to enforce staff implementation and completion. QIDP will double check the objectives to ensure monthlies and quarterlies have all objectives listed that are to be implemented from the ISP. Objectives will be changed, revised, and monitored to ensure goals show continuous growth through using SMART Goals. If the individual fails to progress or achieve their goal, the objective will be updated by the IDT Team and QIDP. All objectives will be reviewed and documented monthly and quarterly by the QIDP and be overseen by the Residential Director. Staff will be trained by the QIDP,</p>	

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W 0196 Bldg. 00	<p>the clients' program plan training objectives when the clients failed to progress in achieving their goals.</p> <p>6) Please refer to W262. For 3 of 3 clients in the sample (#1, #2 and #3), the facility's specially constituted committee (Human Rights Committee/HRC) failed to review, approve and monitor the clients' restrictive behavior plans.</p> <p>7) Please refer to W263. For 1 of 3 clients in the sample (#3), the facility's specially constituted committee (Human Rights Committee/HRC) failed to ensure written informed consent was obtained from client #3's guardian for his restrictive Behavior Support Plan.</p> <p>9-3-4(a)</p> <p>483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal</p>		<p>on the importance of individuals being as independent as possible and the importance of the individuals increasing or functioning at their maximum potential.</p> <p>Human Right Committee will convene quarterly on the first Tuesday of every third month. QIDP will have all right restrictions, BSPs, and ISPs, monitored and reviewed by HRC prior to implementation. HRC Meeting was held February 9th at 8:45 AM. QIDP will receive written informed consent from guardians or emancipated individual for restriction in BSPs. See Active Tx documents...not all Active Tx Resources would upload. See HRC Approvals See QIDP Changes See Client # 3 Signed BSP</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G437	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/26/2021
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	<p><b>functional status.</b> Based on observation, record review and interview for 5 of 6 clients in the home at the time of the survey (#1, #2, #3, #5 and #6), the facility failed to provide continuous, aggressive and consistent active treatment to the clients.</p> <p>Findings include:</p> <p>On 1/19/21 from 10:41 AM to 12:40 PM, an observation was conducted at the group home. At 10:41 AM, client #1 was sitting at the dining room table eating lunch early due to having a doctor's appointment. Client #2 was walking around the home. Client #3 was in his bedroom. Client #5 was walking around the home. Client #6 was in the living room watching television. At 11:30 AM, client #2 sat down to eat lunch. None of the clients was engaged or asked to assist in lunch preparation (tacos). At 11:41 AM, clients #2, #3 and #6 were eating their lunches. None of the clients were involved in preparing their lunches. At 11:46 AM, client #2 took her dishes to the sink. Staff #4 washed client #2's dishes and placed them into the drainer to dry. At 11:50 AM, client #3 took his dishes to the sink. Staff #4 washed client #3's dishes and placed them into the drainer to dry. At 12:00 PM, client #5 watched the television in the living room while staff #1 cleaned the recliners in the living room. At 12:06 PM, staff #4 swept the floors in the dining room and kitchen while client #5 watched television and client #3 was in his room. At 12:16 PM, client #6 finished eating her lunch and took her dishes to the sink. Client #5 made himself a burrito and ate it standing in the living room watching television. Staff #1 and #4 did not redirect him to sit at the table to eat. Staff #4 wiped off the dining room table. At 12:40 PM, client #1 was at an appointment. Client #2 was in her room. Client #3</p>	W 0196	<p>Staff will be trained by the QIDP, on the importance of individuals being as independent as possible and the importance of the individuals increasing or functioning at their maximum potential. QIDP and manager will educate staff on the ability, needs, strengths, and interests of the individuals. Encourage and prompt the individuals to be involved in every aspect of daily living, such as, cleaning, cooking, sweeping the floor, making the bed, as well as other activities they may enjoy. QIDP and manager will stress the importance of the individual to function to the extent of their abilities and the importance of keeping and maintaining their skill level. QIDP and manager will monitor and continue to train staff during observation and while working shifts with the staff. QIDP has created an active treatment schedule to be followed daily and during day program closure. Staff shall follow it as closely as possible. The schedule will allow individuals the opportunity to make activity choices. QIDP will ensure individuals will have a meaningful day. See Active TX Audit Checklist See Active Tx Schedule and Checklist See QIDP S. Dillard ISDH</p>	02/25/2021
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G437	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/26/2021
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	<p>was in his room. Clients #5 and #6 were in the living room watching television.</p> <p>On 1/19/21 from 3:07 PM to 4:45 PM, an observation was conducted at the group home. Upon arrival, client #2 was sitting at the dining room table coloring. Client #1 was sitting in a recliner watching television. Clients #3, #5 and #6 were in their bedrooms. At 3:29 PM, staff #8 got out a box of mashed potatoes. At 3:33 PM, staff #5 got out chicken, bread and a pan. Staff #5 put aluminum foil on a pan, opened the chicken and put the chicken on the pan. Staff #5 turned on the oven. Staff #5 continued dinner preparation with no client involvement. Clients #1, #2 and #6 were in the area but not asked to assist. At 3:39 PM, client #2 independently went into the kitchen and told staff #5 she wanted to assist with dinner preparation. At 3:50 PM, clients #1 and #6 sat in the living room watching television. Staff #8 got a vacuum out of the closet and vacuumed the bedroom hallway area with no client involvement. Staff #8 cleaned off the table with no client involvement. At 4:20 PM, client #5 came in from being outside. He was not asked to assist with dinner preparation. At 4:28 PM, client #6 continued to watch television. At 4:33 PM, client #3 came out of his room to take his medications. At 4:36 PM, client #3 returned to his room. At 4:45 PM, clients #1, #3, #5 and #6 were not engaged in activities.</p> <p>On 1/20/21 from 5:54 AM to 7:53 AM, an observation was conducted at the group home. Upon entering the group home, clients #1 and #5 were in the living room. Client #1 went in to get his medications and client #5 paced the home while listening to an audiobook. At 6:29 AM after client #6 took her medications she sat down in her recliner and fell asleep. She was asleep for the</p>		<p>In-service See R2 Meeting ISDH Survey...More in-servicing will be taking place</p>	

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  01/26/2021
NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE			STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670		
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	<p>remainder of the observation. Client #1 was also in a recliner in the living room asleep. He remained in the recliner asleep for the duration of the observation. At 6:31 AM, staff #2 asked the surveyor if client #3's medications could be administered in his bedroom. The staff was directed to do what he would normally do in the situation. Client #3's medications were administered in his bedroom. Staff #2 and #8 indicated client #3 refused to go to the medication area daily in the morning. At 6:40 AM, clients #3 and #5 were in their bedroom. At 6:41 AM, staff #2 handwashed breakfast dishes. At 6:44 AM, client #2 watched television. At 6:46 AM, staff #2 cleaned the kitchen counters with no client involvement. At 6:47 AM, client #5 walked through the living room listening to an audiobook. At 6:50 AM, client #5 was watching a video on his phone. Clients #1 and #6 continued to sleep in the living room. Client #3 was in his room in bed. Client #2 went to her room. At 6:56 AM, client #5 went outside. At 7:07 AM, clients #1 and #6 continued to sleep. Neither were prompted to engage in activities. At 7:17 AM, clients #1 and #6 were asleep. Clients #3 and #5 were in their bedroom. Client #2 was in her room. At 7:29 AM, client #3 exited his bedroom to look for a flashlight. At 7:33 AM, client #3 engaged in a discussion about a Super Bowl book he received for Christmas. At 7:45 AM, none of the clients were engaged in meaningful activities. Clients #1 and #6 were asleep. Client #2 was in her room. Client #3 was in his room. Client #5 was walking around listening to an audiobook.</p> <p>During the survey, clients #1, #2, #3, #5 and #6 were not offered meaningful activities to engage in. The staff did not ask/prompt the clients to engage in activities nor did the staff provide the opportunity for the clients to participate in</p>				

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	<p>activities.</p> <p>On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. Client #1's 2/1/20 Individualized Support Plan (ISP) indicated she had the following training objectives: participate in a weekly outing, write to let staff know what he wants, go to the bank to cash his check, empty out his lunch box after work, use hand sanitizer before medication administration, change into pajamas, put on an incontinence brief at bedtime and wash his hands after using the restroom. There was no documentation of an active treatment schedule in the record.</p> <p>On 1/20/21 at 10:28 AM, a review of client #2's record was conducted. Client #2's 12/1/20 ISP indicated she had the following training objectives: take a shower daily, brush her teeth daily in the morning, make a side dish for dinner twice weekly, count out various dollar amounts twice a week, participate in an outing weekly, participate in Special Olympic practices and competitions, identify which pill was Geodon and the purpose of the medication and weekly laundry. There was no documentation of an active treatment schedule in the record.</p> <p>On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. Client #3's 4/1/20 ISP indicated he had the following training objectives: state two symptoms of acid reflux, increase privacy practices for himself and others, participate in cleaning and organizing bedroom, identify Lexapro and its purpose, answer questions about paying for a purchase using next dollar method, participate in a community outing, participate in Special Olympic practices and events and obtain and learn about traffic signs from a driver's manual. There was no</p>			

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	<p>documentation of an active treatment schedule in the record.</p> <p>On 1/20/21 at 12:56 PM, a focused review of client #5's record was conducted. Client #5's 6/1/20 ISP indicated he had the following training objectives: shower 4 times a week, brush teeth daily, do his laundry weekly, make a side dish for dinner weekly, make a purchase in the community and turn in the receipt, identify Vraylar and its purpose, recite two ways to prevent high blood pressure, discuss healthy food choices twice weekly, participate in a community outing weekly and notify staff prior to taking a walk in the community. There was no documentation of an active treatment schedule in the record.</p> <p>On 1/20/21 at 1:17 PM, a focused review of client #6's record was conducted. Client #6's 3/1/20 ISP indicated she had the following training objectives: use a communication book to express her wants and needs, learn sign language, make a purchase in the community, clean up in the kitchen after meals, wash her hair during showers, identify her medication Elavil and its purpose and participate in a community outing. There was no documentation of an active treatment schedule in the record.</p> <p>On 1/19/21 at 11:02 AM, staff #4 indicated she was a day program staff filling in at the group home due to the day program being closed. Staff #4 indicated there was no schedule in place at the home for staff to follow.</p> <p>On 1/19/21 at 11:50 AM, staff #1 indicated she was a day program staff filling in at the group home due to the day program being closed. Staff #1 indicated there was no schedule in place at the home for staff to follow.</p>			

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W 0249 Bldg. 00	<p>On 1/20/21 at 7:00 AM, staff #2 indicated he was unaware of a daily schedule at the group home for staff to implement.</p> <p>On 1/20/21 at 11:18 AM, the Residential Director (RD) stated active treatment consisted of "a meaningful day keeping them busy." The RD indicated the staff should attempt to engage the clients in activities.</p> <p>On 1/20/21 at 11:18 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients should be engaged in activities such as arts and crafts. The QIDP stated the clients should be involved in "something engaging." The QIDP indicated she did not create an active treatment schedule for the clients. The QIDP indicated the clients needed to have an active treatment schedule put in place to get them engaged in activities.</p> <p>9-3-4(a) 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 for 5 of 6 clients in the home at the time of the survey (#1, #2, #3, #5 and #6), the facility failed to ensure the clients' training objectives were implemented as written.</p>	W 0249	<b>Staff will be trained by QIDP that goals and objectives shall be followed as part of continuous active treatment. If there are persistent refusal or lack of interest the objective</b>	02/25/2021	

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	<p>Findings include:</p> <p>On 1/19/21 from 10:41 AM to 12:40 PM, an observation was conducted at the group home. At 10:41 AM, client #1 was sitting at the dining room table eating lunch early due to having a doctor's appointment. Client #2 was walking around the home. Client #3 was in his bedroom. Client #5 was walking around the home. Client #6 was in the living room watching television. At 11:30 AM, client #2 sat down to eat lunch. None of the clients was engaged or asked to assist in lunch preparation (tacos). At 11:41 AM, clients #2, #3 and #6 were eating their lunches. None of the clients were involved in preparing their lunches. At 11:46 AM, client #2 took her dishes to the sink. Staff #4 washed client #2's dishes and placed them into the drainer to dry. At 11:50 AM, client #3 took his dishes to the sink. Staff #4 washed client #3's dishes and placed them into the drainer to dry. At 12:00 PM, client #5 watched the television in the living room while staff #1 cleaned the recliners in the living room. At 12:06 PM, staff #4 swept the floors in the dining room and kitchen while client #5 watched television and client #3 was in his room. At 12:16 PM, client #6 finished eating her lunch and took her dishes to the sink. Client #5 made himself a burrito and ate it standing in the living room watching television. Staff #1 and #4 did not redirect him to sit at the table to eat. Staff #4 wiped off the dining room table. At 12:40 PM, client #1 was at an appointment. Client #2 was in her room. Client #3 was in his room. Clients #5 and #6 were in the living room watching television.</p> <p>On 1/19/21 from 3:07 PM to 4:45 PM, an observation was conducted at the group home. Upon arrival, client #2 was sitting at the dining room table coloring. Client #1 was sitting in a</p>		<p><b>needs to be updated by the QIDP. The individuals need to be working toward achieving their objectives and having a meaningful active life. Staff will be reminded that informal objectives can be utilized to learn other skills and skills can cross over into different situations and environments. For example, measuring an ingredient can be used informally used when measuring laundry detergent. QIDP will be responsible to monitoring and training manager and staff.</b></p> <p>See QIDP S. Dillard ISDH Survey In-service See Active Tx Audit Checklist See Active Tx schedule and Checklist See QIDP Changes</p>	

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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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	<p>recliner watching television. Clients #3, #5 and #6 were in their bedrooms. At 3:29 PM, staff #8 got out a box of mashed potatoes. At 3:33 PM, staff #5 got out chicken, bread and a pan. Staff #5 put aluminum foil on a pan, opened the chicken and put the chicken on the pan. Staff #5 turned on the oven. Staff #5 continued dinner preparation with no client involvement. Clients #1, #2 and #6 were in the area but not asked to assist. At 3:39 PM, client #2 independently went into the kitchen and told staff #5 she wanted to assist with dinner preparation. At 3:50 PM, clients #1 and #6 sat in the living room watching television. Staff #8 got a vacuum out of the closet and vacuumed the bedroom hallway area with no client involvement. Staff #8 cleaned off the table with no client involvement. At 4:20 PM, client #5 came in from being outside. He was not asked to assist with dinner preparation. At 4:28 PM, client #6 continued to watch television. At 4:33 PM, client #3 came out of his room to take his medications. At 4:36 PM, client #3 returned to his room. At 4:45 PM, clients #1, #3, #5 and #6 were not engaged in activities.</p> <p>On 1/20/21 from 5:54 AM to 7:53 AM, an observation was conducted at the group home. Upon entering the group home, clients #1 and #5 were in the living room. Client #1 went in to get his medications and client #5 paced the home while listening to an audiobook. At 6:29 AM after client #6 took her medications she sat down in her recliner and fell asleep. She was asleep for the remainder of the observation. Client #1 was also in a recliner in the living room asleep. He remained in the recliner asleep for the duration of the observation. At 6:31 AM, staff #2 asked the surveyor if client #3's medications could be administered in his bedroom. The staff was directed to do what he would normally do in the</p>			

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	<p>situation. Client #3's medications were administered in his bedroom. Staff #2 and #8 indicated client #3 refused to go to the medication area daily in the morning. At 6:40 AM, clients #3 and #5 were in their bedroom. At 6:41 AM, staff #2 handwashed breakfast dishes. At 6:44 AM, client #2 watched television. At 6:46 AM, staff #2 cleaned the kitchen counters with no client involvement. At 6:47 AM, client #5 walked through the living room listening to an audiobook. At 6:50 AM, client #5 was watching a video on his phone. Clients #1 and #6 continued to sleep in the living room. Client #3 was in his room in bed. Client #2 went to her room. At 6:56 AM, client #5 went outside. At 7:07 AM, clients #1 and #6 continued to sleep. Neither were prompted to engage in activities. At 7:17 AM, clients #1 and #6 were asleep. Clients #3 and #5 were in their bedroom. Client #2 was in her room. At 7:29 AM, client #3 exited his bedroom to look for a flashlight. At 7:33 AM, client #3 engaged in a discussion about a Super Bowl book he received for Christmas. At 7:45 AM, none of the clients were engaged in meaningful activities. Clients #1 and #6 were asleep. Client #2 was in her room. Client #3 was in his room. Client #5 was walking around listening to an audiobook.</p> <p>On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. Client #1's 2/1/20 Individualized Support Plan (ISP) indicated he had the following training objectives: participate in a weekly outing, write to let staff know what he wants, go to the bank to cash his check, empty out his lunch box after work, use hand sanitizer before medication administration, change into pajamas, put on an incontinence brief at bedtime and wash his hands after using the restroom.</p> <p>On 1/20/21 at 10:28 AM, a review of client #2's</p>			

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	<p>record was conducted. Client #2's 12/1/20 ISP indicated she had the following training objectives: take a shower daily, brush her teeth daily in the morning, make a side dish for dinner twice weekly, count out various dollar amounts twice a week, participate in an outing weekly, participate in Special Olympic practices and competitions, identify which pill was Geodon and the purpose of the medication and weekly laundry.</p> <p>On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. Client #3's 4/1/20 ISP indicated he had the following training objectives: state two symptoms of acid reflux, increase privacy practices for himself and others, participate in cleaning and organizing bedroom, identify Lexapro and its purpose, answer questions about paying for a purchase using next dollar method, participate in a community outing, participate in Special Olympic practices and events and obtain and learn about traffic signs from a driver's manual.</p> <p>On 1/20/21 at 12:56 PM, a focused review of client #5's record was conducted. Client #5's 6/1/20 ISP indicated he had the following training objectives: shower 4 times a week, brush teeth daily, do his laundry weekly, make a side dish for dinner weekly, make a purchase in the community and turn in the receipt, identify Vraylar and its purpose, recite two ways to prevent high blood pressure, discuss healthy food choices twice weekly, participate in a community outing weekly and notify staff prior to taking a walk in the community.</p> <p>On 1/20/21 at 1:17 PM, a focused review of client #6's record was conducted. Client #6's 3/1/20 ISP indicated she had the following training</p>			

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  01/26/2021
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W 0250 Bldg. 00	<p>objectives: use a communication book to express her wants and needs, learn sign language, make a purchase in the community, clean up in the kitchen after meals, wash her hair during showers, identify her medication Elavil and its purpose and participate in a community outing.</p> <p>On 1/20/21 at 11:18 AM, the Residential Director (RD) indicated the clients' goals should be implemented as written.</p> <p>On 1/20/21 at 11:18 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients' goals should be implemented as written.</p> <p>9-3-4(a)</p> <p>483.440(d)(2) PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on observation, record review and interview for 5 of 6 clients in the home at the time of the survey (#1, #2, #3, #5 and #6), the facility failed to ensure the clients had active treatment schedules for staff to implement.</p> <p>Findings include:</p> <p>On 1/19/21 from 10:41 AM to 12:40 PM, an observation was conducted at the group home. At 10:41 AM, client #1 was sitting at the dining room table eating lunch early due to having a doctor's appointment. Client #2 was walking around the home. Client #3 was in his bedroom. Client #5 was walking around the home. Client #6 was in the living room watching television. At 11:30 AM, client #2 sat down to eat lunch. None</p>	W 0250	QIDP and manager will monitor staff to ensure the individuals receive continuous, aggressive and consistent active treatment. QIDP has created an active treatment schedule to be followed daily and during day program closure. Staff shall follow it as closely as possible. The schedule will allow individuals the opportunity to make activity choices. QIDP will ensure individuals will have a meaningful day. See QIDP S. Dillard ISDH Survey In-service See Active Tx Audit Checklist	02/10/2021	

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	<p>of the clients was engaged or asked to assist in lunch preparation (tacos). At 11:41 AM, clients #2, #3 and #6 were eating their lunches. None of the clients were involved in preparing their lunches. At 11:46 AM, client #2 took her dishes to the sink. Staff #4 washed client #2's dishes and placed them into the drainer to dry. At 11:50 AM, client #3 took his dishes to the sink. Staff #4 washed client #3's dishes and placed them into the drainer to dry. At 12:00 PM, client #5 watched the television in the living room while staff #1 cleaned the recliners in the living room. At 12:06 PM, staff #4 swept the floors in the dining room and kitchen while client #5 watched television and client #3 was in his room. At 12:16 PM, client #6 finished eating her lunch and took her dishes to the sink. Client #5 made himself a burrito and ate it standing in the living room watching television. Staff #1 and #4 did not redirect him to sit at the table to eat. Staff #4 wiped off the dining room table. At 12:40 PM, client #1 was at an appointment. Client #2 was in her room. Client #3 was in his room. Clients #5 and #6 were in the living room watching television.</p> <p>On 1/19/21 from 3:07 PM to 4:45 PM, an observation was conducted at the group home. Upon arrival, client #2 was sitting at the dining room table coloring. Client #1 was sitting in a recliner watching television. Clients #3, #5 and #6 were in their bedrooms. At 3:29 PM, staff #8 got out a box of mashed potatoes. At 3:33 PM, staff #5 got out chicken, bread and a pan. Staff #5 put aluminum foil on a pan, opened the chicken and put the chicken on the pan. Staff #5 turned on the oven. Staff #5 continued dinner preparation with no client involvement. Clients #1, #2 and #6 were in the area but not asked to assist. At 3:39 PM, client #2 independently went into the kitchen and told staff #5 she wanted to assist with dinner</p>		See Active Tx schedule and Checklist		

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	<p>preparation. At 3:50 PM, clients #1 and #6 sat in the living room watching television. Staff #8 got a vacuum out of the closet and vacuumed the bedroom hallway area with no client involvement. Staff #8 cleaned off the table with no client involvement. At 4:20 PM, client #5 came in from being outside. He was not asked to assist with dinner preparation. At 4:28 PM, client #6 continued to watch television. At 4:33 PM, client #3 came out of his room to take his medications. At 4:36 PM, client #3 returned to his room. At 4:45 PM, clients #1, #3, #5 and #6 were not engaged in activities.</p> <p>On 1/20/21 from 5:54 AM to 7:53 AM, an observation was conducted at the group home. Upon entering the group home, clients #1 and #5 were in the living room. Client #1 went in to get his medications and client #5 paced the home while listening to an audiobook. At 6:29 AM after client #6 took her medications she sat down in her recliner and fell asleep. She was asleep for the remainder of the observation. Client #1 was also in a recliner in the living room asleep. He remained in the recliner asleep for the duration of the observation. At 6:31 AM, staff #2 asked the surveyor if client #3's medications could be administered in his bedroom. The staff was directed to do what he would normally do in the situation. Client #3's medications were administered in his bedroom. Staff #2 and #8 indicated client #3 refused to go to the medication area daily in the morning. At 6:40 AM, clients #3 and #5 were in their bedroom. At 6:41 AM, staff #2 handwashed breakfast dishes. At 6:44 AM, client #2 watched television. At 6:46 AM, staff #2 cleaned the kitchen counters with no client involvement. At 6:47 AM, client #5 walked through the living room listening to an audiobook. At 6:50 AM, client #5 was watching a video on his</p>			

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

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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  01/26/2021
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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S STOUT ST PRINCETON, IN 47670
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	<p>phone. Clients #1 and #6 continued to sleep in the living room. Client #3 was in his room in bed. Client #2 went to her room. At 6:56 AM, client #5 went outside. At 7:07 AM, clients #1 and #6 continued to sleep. Neither were prompted to engage in activities. At 7:17 AM, clients #1 and #6 were asleep. Clients #3 and #5 were in their bedroom. Client #2 was in her room. At 7:29 AM, client #3 exited his bedroom to look for a flashlight. At 7:33 AM, client #3 engaged in a discussion about a Super Bowl book he received for Christmas. At 7:45 AM, none of the clients were engaged in meaningful activities. Clients #1 and #6 were asleep. Client #2 was in her room. Client #3 was in his room. Client #5 was walking around listening to an audiobook.</p> <p>On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. There was no documentation in the client's record of an active treatment schedule.</p> <p>On 1/20/21 at 10:28 AM, a review of client #2's record was conducted. There was no documentation in the client's record of an active treatment schedule.</p> <p>On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. There was no documentation in the client's record of an active treatment schedule.</p> <p>On 1/20/21 at 12:56 PM, a focused review of client #5's record was conducted. There was no documentation in the client's record of an active treatment schedule.</p> <p>On 1/20/21 at 1:17 PM, a focused review of client #6's record was conducted. There was no documentation in the client's record of an active</p>			

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W 0252 Bldg. 00	<p>treatment schedule.</p> <p>On 1/20/21 at 11:06 AM, the Residential Director (RD) there were no active treatment schedules developed to address the clients' time in the group home due to the day program being closed. The RD indicated the staff in the home during the day was told to continue the activities from the day program at the home.</p> <p>On 1/20/21 at 11:06 AM, the Qualified Intellectual Disabilities Professional (QIDP) stated "I didn't do anything" regarding updating the clients' active treatment schedules when the day program was closed due to the pandemic.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#3), the facility failed to ensure staff documented the implementation of his program plan training objectives.</p> <p>Findings include:</p> <p>On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. Client #3's 4/1/20 Individualized Support Plan (ISP) indicated he had the following training objectives that were not included on client #3's monthly summaries:</p> <p>-Participate in a community outing was met at the following percentages: January 2020: No data collected.</p>	W 0252	QIDP will double check the objectives to ensure monthlies and quarterlies have all objectives listed that are to be implemented from the ISP. Objectives will be changed, revised, and monitored to ensure goals show continuous growth through using SMART Goals. If the individual fails to progress or achieve their goal, the objective will be updated by the IDT Team and QIDP. All objectives will be reviewed and documented monthly and quarterly by the QIDP and be overseen by the Residential Director. Weekly	02/25/2021	

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	<p>February 2020: No data collected. March 2020: No data collected. April 2020: No data collected. June 2020: No data collected. July 2020: No data collected. August 2020: No data collected. September 2020: No data collected. October 2020: No data collected. November 2020: No data collected. December 2020: There was no monthly summary to review.</p> <p>-Participate in Special Olympic practices and events was met at the following percentages: January 2020: No data collected. February 2020: No data collected. March 2020: No data collected. April 2020: No data collected. June 2020: No data collected. July 2020: No data collected. August 2020: No data collected. September 2020: No data collected. October 2020: No data collected. November 2020: No data collected. December 2020: There was no monthly summary to review.</p> <p>-Obtain and learn about traffic signs from a driver's manual was met at the following percentages: January 2020: No data collected. February 2020: No data collected. March 2020: No data collected. April 2020: No data collected. June 2020: No data collected. July 2020: No data collected. August 2020: No data collected. September 2020: No data collected. October 2020: No data collected. November 2020: No data collected.</p>		<p>individuals' data books will be reviewed for staff completing and implementation by QIDP or designee. See QIDP S. Dillard ISDH Survey In-service See Active Tx Audit Checklist See Active Tx schedule and Checklist See QIDP Changes</p>	

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W 0257 Bldg. 00	<p>December 2020: There was no monthly summary to review.</p> <p>On 1/25/21 at 1:15 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated she inadvertently left the goals off the monthly summaries. The QIDP indicated the staff was documenting the implementation of the goals however she did not include the data on the monthly reviews. The QIDP stated, "they should have been on there. I will get that corrected for sure."</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(iii) PROGRAM MONITORING &amp; CHANGE</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>Based on record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), the facility failed to revise the clients' program plan training objectives when the clients failed to progress in achieving their goals.</p> <p>Findings include:</p> <p>1) On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. Client #1's 2/1/20 Individualized Support Plan (ISP) indicated he had the following training objectives:</p> <p>-Participate in a weekly outing was met at the following percentages: January 2020: 100%</p>	W 0257	QIDP was in-serviced on timely changes are made and documented if the individual fails to progress or achieve their goal, the objective, after a reasonable effort. The prompt levels or objective will be changed, revised, updated by QIDP. This will be monitored by the Residential Director. See QIDP S. Dillard ISDH Survey In-service	02/12/2021

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	<p>February 2020: 100%</p> <p>March 2020: 100%</p> <p>April 2020: 0% The monthly summary indicated, "N/A (not applicable) due to Covid quarantine."</p> <p>May 2020: 0% The monthly summary indicated, "N/A (not applicable) due to Covid quarantine."</p> <p>June 2020: 0% The monthly summary indicated, "N/A (not applicable) due to Covid quarantine."</p> <p>July 2020: 0% The monthly summary indicated, "N/A (not applicable) due to Covid quarantine."</p> <p>August 2020: 0% The monthly summary indicated, "N/A (not applicable) due to Covid quarantine."</p> <p>September 2020: 0% The monthly summary indicated, "N/A (not applicable) due to Covid quarantine."</p> <p>October 2020: 0% The monthly summary indicated, "N/A (not applicable) due to Covid quarantine."</p> <p>November 2020: 0% The monthly summary indicated, "N/A (not applicable) due to Covid quarantine."</p> <p>December 2020: There was no monthly summary to review.</p> <p>-Write to let staff know what he wants was met at the following percentages: January 2020: 100% February 2020: 100% March 2020: 100% April 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." May 2020: 20% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." June 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." July 2020: 0% The monthly summary indicated,</p>			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>"All other attempts went over the designated prompting level or were refusals." August 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p> <p>-Go to the bank to cash his check was met at the following percentages: January 2020: 100% February 2020: 100% March 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompt level, were refusals, or no check this month." April 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompt level, were refusals, or no check this month." May 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompt level, were refusals, or no check this month." June 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompt level, were refusals, or no check this month." July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompt level, were refusals, or no check this</p>			

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	<p>month."</p> <p>August 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompt level, were refusals, or no check this month."</p> <p>September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompt level, were refusals, or no check this month."</p> <p>October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompt level, were refusals, or no check this month."</p> <p>November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompt level, were refusals, or no check this month."</p> <p>December 2020: There was no monthly summary to review.</p> <p>-Counted out \$1.00 using different valued mock coins: January 2020: 100% February 2020: 100% March 2020: 100% April 2020: 75% May 2020: 0% June 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." August 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." October 2020: 0% The monthly summary</p>			

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	<p>indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p> <p>-Empty out his lunch box after work was met at the following percentages: January 2020: 81% February 2020: 33% March 2020: 50% April 2020: 0% The monthly summary indicated, "Two completed attempts, all other attempts went over the designated prompt level or were refusals." May 2020: 0% The monthly summary indicated, "Two completed attempts, all other attempts went over the designated prompt level or were refusals." June 2020: 0% The monthly summary indicated, "N/A due to Covid." July 2020: 0% The monthly summary indicated, "N/A due to Covid." August 2020: 0% The monthly summary indicated, "N/A due to Covid." September 2020: 0% The monthly summary indicated, "N/A due to Covid." October 2020: 0% The monthly summary indicated, "N/A due to Covid." November 2020: 0% The monthly summary indicated, "N/A due to Covid." December 2020: There was no monthly summary to review.</p> <p>-Use hand sanitizer before medication administration was met at the following percentages: January 2020: 100%</p>			

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	<p>February 2020: 100%</p> <p>March 2020: 100%</p> <p>April 2020: 86%</p> <p>May 2020: 25%</p> <p>June 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>August 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>December 2020: There was no monthly summary to review.</p> <p>-Change into pajamas was met at the following percentages:</p> <p>January 2020: 100%</p> <p>February 2020: 100%</p> <p>March 2020: 100%</p> <p>April 2020: 100%</p> <p>May 2020: 60%</p> <p>June 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>August 2020: 0% The monthly summary indicated, "All other attempts went over the designated</p>			

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	<p>prompting level or were refusals." September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p> <p>-Put on an incontinence brief at bedtime was met at the following percentages: January 2020: 100% February 2020: 100% March 2020: 100% April 2020: 100% May 2020: 60% June 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." August 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p>			

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	<p>-Wash his hands after using the restroom was met at the following percentages: January 2020: 100% February 2020: 100% March 2020: 100% April 2020: 45% May 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." June 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." August 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p> <p>There were no changes to client #1's training objectives to address his lack of success in meeting his goals from January 2020 to December 2020.</p> <p>2) On 1/20/21 at 10:28 AM, a review of client #2's record was conducted. Client #2's 12/1/20 ISP indicated she had the following training objectives:</p>			

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	<p>-Brush her teeth daily in the morning was met at the following percentages: January 2020: 100% February 2020: 100% March 2020: 100% April 2020: 100% May 2020: 0% June 2020: 0% July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." August 2020: 81% September 2020: 7% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 3% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p> <p>-Make a side dish for dinner twice weekly was met at the following percentages: January 2020: 90% February 2020: 100% March 2020: 100% April 2020: 90% May 2020: 15% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." June 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p>			

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  01/26/2021
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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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	<p>August 2020: 77%</p> <p>September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>November 2020: 17% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>December 2020: There was no monthly summary to review.</p> <p>-Count out various dollar amounts with mock money twice a week was met at the following percentages:</p> <p>January 2020: 100%</p> <p>February 2020: 100%</p> <p>March 2020: 100%</p> <p>April 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>May 2020: 100%</p> <p>June 2020: 100%</p> <p>July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>August 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."</p> <p>December 2020: There was no monthly summary</p>			

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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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	<p>to review.</p> <p>-Participate in an outing weekly was met at the following percentages: January 2020: 100% February 2020: 100% March 2020: 100% April 2020: 0% The monthly summary indicated, "Due to Covid quarantine." May 2020: 0% The monthly summary indicated, "Due to Covid quarantine." June 2020: 0% The monthly summary indicated, "Due to Covid quarantine." July 2020: 0% The monthly summary indicated, "Due to Covid quarantine." August 2020: 0% The monthly summary indicated, "Due to Covid quarantine." September 2020: 0% The monthly summary indicated, "Due to Covid quarantine." October 2020: 0% The monthly summary indicated, "Due to Covid quarantine." November 2020: 0% The monthly summary indicated, "Due to Covid quarantine." December 2020: There was no monthly summary to review.</p> <p>-Identify which pill was Geodon and the purpose of the medication was met at the following percentages: January 2020: 100% February 2020: 100% March 2020: 100% April 2020: 100% May 2020: 100% June 2020: 100% July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." August 2020: 0% The monthly summary indicated, "All other attempts went over the designated</p>			

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

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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  01/26/2021
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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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	<p>prompting level or were refusals." September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p> <p>-Weekly laundry was met at the following percentages: January 2020: 100% February 2020: 100% March 2020: 100% April 2020: 90% May 2020: 100% June 2020: 100% July 2020: 3% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." August 2020: 100% September 2020: 88% October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 19% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p> <p>There were no changes to client #2's training objectives to address his lack of success in meeting his goals from January 2020 to December 2020.</p>			

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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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	<p>3) On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. Client #3's 4/1/20 ISP indicated he had the following training objectives: -State two symptoms of acid reflux was met at the following percentages: January 2020: 18% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." February 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." March 2020: 13% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." April 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." May 2020: 73% June 2020: 9% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." August 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 19% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p> <p>-Increase privacy practices for himself and others</p>			

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

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FORM APPROVED  
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NAME OF PROVIDER OR SUPPLIER ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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	<p>was met at the following percentages: January 2020: 94% February 2020: 86% March 2020: 90% April 2020: 100% May 2020: 75% June 2020: 14% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." July 2020: 8% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." August 2020: 16% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p> <p>-Participate in cleaning and organizing bedroom was met at the following percentages: January 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." February 2020: 3% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." March 2020: 3% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." April 2020: 0% The monthly summary indicated, "All other attempts went over the designated</p>			

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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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	<p>prompting level or were refusals." May 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." June 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." August 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p> <p>-Identify Lexapro and its purpose was met at the following percentages: January 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." February 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." March 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." April 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." May 2020: 100%</p>			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-039

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 01/26/2021
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NAME OF PROVIDER OR SUPPLIER ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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	<p>June 2020: 32% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."            July 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."            August 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."            September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."            October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."            November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."            December 2020: There was no monthly summary to review.</p> <p>-Answer questions about paying for a purchase using next dollar method was met at the following percentages:            January 2020: 13% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."            February 2020: 44% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."            March 2020: 86%            April 2020: 9% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."            May 2020: 75%            June 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals."            July 2020: 0% The monthly summary indicated, "All other attempts went over the designated</p>			

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

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FORM APPROVED  
OMB NO. 0938-039

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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S STOUT ST PRINCETON, IN 47670
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	<p>prompting level or were refusals." August 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." September 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." October 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." November 2020: 0% The monthly summary indicated, "All other attempts went over the designated prompting level or were refusals." December 2020: There was no monthly summary to review.</p> <p>-Participate in a community outing was met at the following percentages: January 2020: No data collected. February 2020: No data collected. March 2020: No data collected. April 2020: No data collected. June 2020: No data collected. July 2020: No data collected. August 2020: No data collected. September 2020: No data collected. October 2020: No data collected. November 2020: No data collected. December 2020: There was no monthly summary to review.</p> <p>-Participate in Special Olympic practices and events was met at the following percentages: January 2020: No data collected. February 2020: No data collected. March 2020: No data collected. April 2020: No data collected. June 2020: No data collected. July 2020: No data collected. August 2020: No data collected.</p>			

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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S STOUT ST PRINCETON, IN 47670		
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W 0262 Bldg. 00	<p>September 2020: No data collected. October 2020: No data collected. November 2020: No data collected. December 2020: There was no monthly summary to review.</p> <p>-Obtain and learn about traffic signs from a driver's manual was met at the following percentages: January 2020: No data collected. February 2020: No data collected. March 2020: No data collected. April 2020: No data collected. June 2020: No data collected. July 2020: No data collected. August 2020: No data collected. September 2020: No data collected. October 2020: No data collected. November 2020: No data collected. December 2020: There was no monthly summary to review.</p> <p>On 1/20/21 at 10:52 AM, the QIDP indicated she had been the QIDP for 3 and a half years. The QIDP indicated the clients may not be meeting their goals due to the prompting level she chose. The QIDP stated "knew they were working on their goals but didn't occur to me to make any changes." The QIDP stated the clients had been "stuck at home" and their "attitudes are poor" due to "not getting out." The QIDP stated the "goals should have been revised" when the clients did not meet them.</p> <p>9-3-4(a) 483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to</p>				

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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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	<p>manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), the facility's specially constituted committee (Human Rights Committee/HRC) failed to review, approve and monitor the clients' restrictive behavior plans.</p> <p>Findings include:</p> <p>1) On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. Client #1's 2/1/20 Behavior Support Plan (BSP) included the use of psychotropic medications (Invega for verbal aggression and Zoloft for physical aggression). There was no documentation in the record indicating the facility's HRC reviewed, approved and monitored client #1's restrictive program plan.</p> <p>2) On 1/20/21 at 10:28 AM, a review of client #2's record was conducted. Client #2's 12/27/20 BSP included the use of psychotropic medications (Geodon for hearing voices and aggression and Celexa for mood). There was no documentation in the record indicating the facility's HRC reviewed, approved and monitored client #2's restrictive program plan.</p> <p>3) On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. Client #3's 12/1/20 BSP included the use of psychotropic medications (Lexapro for depression and obsessive/compulsive disorder, Klonopin for anxiety and Topamax for mood). There was no documentation in the record indicating the facility's HRC reviewed, approved and monitored client #3's restrictive program plan.</p>	W 0262	<p>Human Right Committee will convene quarterly on the first Tuesday of every third month. QIDP will have all right restrictions, medication s to manage behaviors (reduction plans), BSPs, and ISPs, monitored, approved, and reviewed by HRC. Residential Director will in-service and monitor QIDP to ensure rights restriction, BSP, and ISPs are taken through HRC. HRC Meeting was held February 9th at 8:45 AM. See QIDP S. Dillard ISDH Survey In-service See Human Rights Committee Meeting Min. See R2 HRC Approvals</p>	02/09/2021

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  01/26/2021
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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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W 0263  Bldg. 00	<p>On 1/20/21 at 1:20 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated there had not been a HRC meeting since March 2020 due to the pandemic. The QIDP indicated the HRC typically convened every three months. The QIDP indicated there should be HRC consent for the clients' restrictive program plans.</p> <p>On 1/20/21 at 1:20 PM, the Residential Director indicated the facility should have HRC consent for the clients' restrictive program plans.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#3), the facility's specially constituted committee (Human Rights Committee/HRC) failed to ensure written informed consent was obtained from client #3's guardian for his restrictive Behavior Support Plan.</p> <p>Findings include:</p> <p>On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. Client #3's 4/1/20 Individualized Support Plan indicated he had a guardian. Client #3's 12/1/20 Behavior Support Plan included the use of psychotropic medications (Lexapro for depression and obsessive/compulsive disorder, Klonopin for anxiety and Topamax for mood). There was no documentation in the record indicating the facility's HRC reviewed, approved and monitored client #3's restrictive program plan.</p>	W 0263	QIDP will receive written informed consent from guardians, parent (if individual is under 18) or emancipated individual for restriction in ISP or BSPs. QIDP will be trained that written informed consent must be present prior to implementation. The emancipated individual, person giving consent, must be aware of the risks, benefits, alternative, right to refuse and consequences of their choice. Residential Director will in-service and monitor. See QIDP S. Dillard ISDH Survey In-service See Client #3 signed BSP	02/12/2021

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 01/26/2021
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W 0312 Bldg. 00	<p>On 1/20/21 at 1:20 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the facility should have obtained written informed consent from client #3's guardian for his restrictive plan.</p> <p>On 1/20/21 at 1:20 PM, the Residential Director indicated the facility should have obtained written informed consent from client #3's guardian for his restrictive plan.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), the facility failed to ensure the clients' psychotropic medication reduction plans were attainable.</p> <p>Findings include:</p> <p>1) On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. Client #1's 2/1/20 Behavior Support Plan (BSP) included the use of psychotropic medications (Invega for verbal aggression and Zoloft for physical aggression). The 3/1/20 Psychotropic Medication Work Sheet indicated, "When criteria for objective [client #1] has gone for 6 consecutive months with zero targeted behaviors, IDT (interdisciplinary team) will review and make a recommendation for a reduction of Zoloft...."</p>	W 0312	Medication Reduction Plans criteria for reducing or eliminating medication for behavior, must be reachable/obtainable. QIDP used zero episodes. QIDP adjusted the Medication Reduction Plan criteria to follow obtainable baseline. Residential Director trained QIDP and will monitor Medication Reduction Plans. See QIDP S. Dillard ISDH Survey In-service See Med Reduction Plan	02/12/2021

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  01/26/2021
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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S STOUT ST PRINCETON, IN 47670
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	<p>2) On 1/20/21 at 10:28 AM, a review of client #2's record was conducted. Client #2's 12/27/20 BSP included the use of psychotropic medications (Geodon for hearing voices and aggression and Celexa for mood). The 5/4/18 Psychotropic Medication Work Sheet indicated, "When zero incidents of targeted behaviors occur for 6 consecutive months then the IDT will review and make a recommendation/request to psychiatrist [name], for a reduction in Geodon...."</p> <p>3) On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. Client #3's 12/1/20 BSP included the use of psychotropic medications (Lexapro for depression and obsessive/compulsive disorder, Klonopin for anxiety and Topamax for mood). The 3/3/20 Psychotropic Medication Work Sheet indicated, "When zero incidents of targeted behaviors occur for 6 consecutive months then the IDT will review and make a recommendation/request to psychiatric Nurse Practitioner [name] for a reduction in Klonopin. The team attempted to do away with Klonopin from Jan (January) 2019 through to Oct (October) 2019 but felt [client #3's] anxiety and aggression was (sic) becoming an issue again...."</p> <p>On 1/20/21 at 1:14 PM, the Residential Director (RD) indicated the medication reduction plans needed to be attainable.</p> <p>On 1/20/21 at 1:14 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the medication reduction plans needed to be attainable. The QIDP indicated she carried over the zero episodes from when she started and they were set at zero.</p>			

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W 0318 Bldg. 00	<p>9-3-5(a)</p> <p>483.460 HEALTH CARE SERVICES</p> <p>The facility must ensure that specific health care services requirements are met. Based on observation, record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), the facility failed to meet the Condition of Participation: Health Care Services. The facility's nursing services failed to ensure: 1) client #1 had a follow up gastroenterology appointment as indicated, 2) client #3 had a follow up orthopedic appointment as indicated, 3) clients #1, #2 and #3 had annual physical examinations, 4) client #1 had an annual evaluation of his vision, client #2 had an annual evaluation of her vision and hearing, and client #3 had an annual evaluation of his vision, 5) client #1's pill crusher was washed after each use, and 6) client #1 had a follow-up dental appointment as indicated.</p> <p>Findings include:</p> <p>1) Please refer to W322. For 3 of 3 clients in the sample (#1, #2 and #3), the facility's nursing services failed to ensure the clients had annual physical examinations.</p> <p>2) Please refer to W323. For 3 of 3 clients in the sample (#1, #2 and #3), the facility's nursing services failed to ensure client #1 had an annual evaluation of his vision, client #2 had an annual evaluation of her vision and hearing, and client #3 had an annual evaluation of his vision.</p> <p>3) Please refer to W331. For 3 of 3 clients in the sample (#1, #2 and #3), the facility's nursing services failed to ensure: 1) client #1 had a follow up gastroenterology appointment as indicated, 2)</p>	W 0318	<p>Nurse, Medical Coordinator, and Managers will be responsible to ensure individual's hearing, vision, dental, annual physical and follow up appointments are completed in a timely manner. A document has been created to assist in tracking appointments. Many appointments have been scheduled and attended.</p> <p>All appointments had been scheduled. Due to physician receiving minor surgery, but had complications, a few of these appointments were rescheduled. Documentation from the physician will be exhibited. Currently another doctor in the network will perform the physicals.</p> <p>Nurse and Managers will ensure all pill crushers have been removed from the home except for the Silent Knight Pill Crusher which requires no washing. Silent Knight Pill Crusher was ordered January 26, 2021 and in the home by February 1, 2021.</p> <p>See Medical-Lab Tracking See ISDH Admin In-service See Pill Crusher Receipt</p>	02/18/2021

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W 0322 Bldg. 00	<p>client #3 had a follow up orthopedic appointment as indicated, 3) clients #1, #2 and #3 had annual physical examinations, 4) client #1 had an annual evaluation of his vision, client #2 had an annual evaluation of her vision and hearing, and client #3 had an annual evaluation of his vision, 5) client #1's pill crusher was washed after each use, and 6) client #1 had a follow-up dental appointment as indicated.</p> <p>4) Please refer to W340. For 1 of 3 clients in the sample (#1), the facility's nursing services failed to ensure client #1's pill crusher was washed after each use.</p> <p>5) Please refer to W348. For 1 of 3 clients in the sample (#1), the facility's nursing services failed to ensure client #1 had a follow-up dental appointment as indicated.</p> <p>9-3-6(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), the facility failed to ensure the clients had annual physical examinations.</p> <p>Findings include:</p> <p>1) On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. Client #1's record did not include documentation of an annual physical examination. There was no documentation of an annual physical examination from 1/20/20 to 1/20/21. There was no documentation of an annual physical examination prior to 1/20/20 in the</p>	W 0322	Nurse, Medical Coordinator, and Managers will be in-serviced on timely appointments. Nurse, Medical Coordinator, and Managers will be responsible to ensure individual's hearing, vision, dental, annual physical and follow up appointments are completed in a timely manner. A document has been created to assist in tracking all annual, hearing, vision, dental and other appointments. Many appointments have been	02/18/2021	

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W 0323 Bldg. 00	<p>record for review.</p> <p>2) On 1/20/21 at 10:28 AM, a review of client #2's record was conducted. Client #2's record did not include documentation of an annual physical examination. There was no documentation of an annual physical examination from 1/20/20 to 1/20/21. There was no documentation of an annual physical examination prior to 1/20/20 in the record for review.</p> <p>3) On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. Client #3's record did not include documentation of an annual physical examination. There was no documentation of an annual physical examination from 1/20/20 to 1/20/21. There was no documentation of an annual physical examination prior to 1/20/20 in the record for review.</p> <p>On 1/20/21 at 1:25 PM, the Residential Director (RD) indicated she was unable to locate the clients' annual physical examinations. The RD indicated the clients should have annual physical exams.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), the facility failed to ensure client #1 had an annual evaluation of his vision, client #2 had an annual evaluation of her vision and hearing, and client #3 had an annual evaluation of his vision.</p>	W 0323	<p>scheduled and attended. All appointments had been scheduled. Due to physician receiving minor surgery, but had complications, a few of these appointments were rescheduled. Documentation from the physician (Cheryl Simpsons) is in Client #1 &amp; #3 file Dr. Clark has agreed to see both Clients on Feb. 18th @ 10am for Annual Physicals. Client #1 saw the dentist on 2/1/21, but cleaning will be completed on 4/26/21; Vision Exam 10/26/20; Neuro 2/3/21, and gastro (Digestive Care on 2/12/21. Client # 2 had physical with Dr. Kroeger on 1/25/20 at 1:20pm and vision exam will be 3/2/21 at 9:30am, but trying to get her in sooner. Client # 3 went to eye doctor on 2/2/2021 at 9am.</p> <p>Nurse, Medical Coordinator, and Manager was in-serviced on timely appointments. Nurse, Medical Coordinator, and Managers will be responsible to ensure individual's annual physical are completed in</p>	02/18/2021	

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	<p>Findings include:</p> <p>1) On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. Client #1's record did not include documentation of an annual physical examination including an evaluation of his vision. There was no documentation of an annual physical examination from 1/20/20 to 1/20/21. Client #1's 10/29/18 vision Medical Appointment Form indicated, "No spectacle Rx (prescription) needed. Ocular health good... When would you like a return appointment? 2 years." There was no documentation client #1 returned to the optometrist since 10/29/18.</p> <p>On 1/20/21 at 1:26 PM, the Residential Director (RD) indicated client #1 should have returned in the timeframe indicated. The RD indicated there was no documentation client #1 had the return appointment as indicated.</p> <p>2) On 1/20/21 at 10:28 AM, a review of client #2's record was conducted. Client #2's record did not include documentation of an annual physical examination. There was no documentation of an annual physical examination from 1/20/20 to 1/20/21.</p> <p>-Client #2's most recent vision appointment was on 4/1/19. The 4/1/19 Medical Appointment Form indicated, "Only very mild diabetic retinopathy (a complication of diabetes that affects the eyes) seen - no treatment needed... When would you like a return appointment? 1 year." There was no documentation client #2 had a return appointment as indicated.</p> <p>On 1/20/21 at 1:37 PM, the RD indicated a follow up appointment was not scheduled. The RD indicated client #2 should have had a follow up</p>		<p>a timely manner. A document has been created to assist in tracking all annual appointments. All annual appointments have been scheduled and some have taken place.</p> <p>Documentation from the physician (Cheryl Simpsons) is in Client #1 &amp; #3 file Dr. Clark has agreed to see both Clients on Feb. 18th @ 10am for Annual Physicals. Client #1 saw the dentist on 2/1/21, but cleaning will be completed on 4/26/21; Vision Exam 10/26/20; Neuro 2/3/21, and gastro (Digestive Care on 2/12/21. Client # 2 had physical with Dr. Kroeger on 1/25/20 at 1:20pm and vision exam will be 3/2/21 at 9:30am, but trying to get her in sooner. Client # 3 went to eye doctor on 2/2/2021 at 9am.</p> <p>See Medical Lab Tracking See Admin Inservice</p>		

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W 0331 Bldg. 00	<p>appointment as indicated.</p> <p>-Client #2's most recent hearing evaluation was on 6/21/19. The 6/21/19 Medical Appointment Form indicated, "Bilateral SNHL (sensorineural hearing loss). Recommend right Starky Muse iQi... Re-eval (evaluate) every year. 6-8 mo (month) check ups..." There was no documentation client #2 had a follow up appointment as indicated since 6/21/19.</p> <p>On 1/20/21 at 1:37 PM, the RD indicated a follow up appointment was not scheduled. The RD indicated client #2 should have had a follow up appointment as indicated.</p> <p>3) On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. Client #3's record did not include documentation of an annual physical examination. There was no documentation of an annual physical examination from 1/20/20 to 1/20/21. Client #3's 4/6/18 Medical Appointment Form for vision indicated, "When would you like a return appointment? 2 years." There was no documentation client #3 had a return appointment since 4/6/18 as indicated.</p> <p>On 1/20/21 at 1:37 PM, the RD indicated a follow up appointment was not scheduled. The RD indicated client #3 should have had a follow up appointment as indicated.</p> <p>9-3-6(a) 483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), the facility's</p>	W 0331	Nurse, Medical Coordinator, and Managers was in-serviced. Nurse,	02/18/2021			

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	<p>nursing services failed to ensure: 1) client #1 had a follow up gastroenterology appointment as indicated, 2) client #3 had a follow up orthopedic appointment as indicated, 3) clients #1, #2 and #3 had annual physical examinations, 4) client #1 had an annual evaluation of his vision, client #2 had an annual evaluation of her vision and hearing, and client #3 had an annual evaluation of his vision, 5) client #1's pill crusher was washed after each use, and 6) client #1 had a follow-up dental appointment as indicated.</p> <p>Findings include:</p> <p>1) On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. Client #1's 8/29/19 gastroenterologist Medical Appointment Form indicated, "Physician's Orders: Hep (hepatitis B) labs... When would you like a return appointment? 6 months." There was no documentation client #1 had a follow up appointment since 8/29/19.</p> <p>On 1/20/21 at 1:26 PM, the Residential Director (RD) indicated there was no appointment scheduled. The RD indicated a follow up appointment should have been scheduled and held as indicated.</p> <p>2) On 1/20/21 at 12:28 PM, a review of client #3's record was conducted. Client #3's 7/9/20 orthopedic Medical Appointment Form indicated, "Injections for both knees. (Bilateral) foot pain... When would you like a return appointment? 3 months." There was no documentation client #3 had a follow up appointment as indicated.</p> <p>On 1/20/21 at 1:40 PM, the RD indicated client #3 should have had a follow up appointment in the indicated timeframe. The RD indicated there was</p>		<p>Medical Coordinator, and Manager will be responsible to ensure individual's hearing, vision, dental, annual physical and follow up appointments are completed in a timely manner. A document has been created to assist in tracking all appointments. Many appointments have been scheduled and attended. The nurse will oversee all appointment.</p> <p>Nurse and Managers will ensure all pill crushers have been removed from the home except for the Silent Knight Pill Crusher which requires no washing. Silent Knight Pill Crusher was ordered January 26, 2021 and in the home by February 1, 2021. Documentation from the physician (Cheryl Simpsons) is in Client #1 &amp; #3 file Dr. Clark has agreed to see both Clients on Feb. 18th @ 10am for Annual Physicals. Client #1 saw the dentist on 2/1/21, but cleaning will be completed on 4/26/21; Vision Exam 10/26/20; Neuro 2/3/21, and gastro (Digestive Care on 2/12/21. Client # 2 had physical with Dr. Kroeger on 1/25/20 at 1:20pm and vision exam will be 3/2/21 at 9:30am, but trying to get her in sooner. Client # 3 went to eye doctor on 2/2/2021 at 9am.</p> <p>See Medical Lab Tracking See Admin Inservice</p>	

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W 0340 Bldg. 00	<p>no documentation client #3 had the appointment.</p> <p>3) Please refer to W322. For 3 of 3 clients in the sample (#1, #2 and #3), the facility's nursing services failed to ensure the clients had annual physical examinations.</p> <p>4) Please refer to W323. For 3 of 3 clients in the sample (#1, #2 and #3), the facility's nursing services failed to ensure client #1 had an annual evaluation of his vision, client #2 had an annual evaluation of her vision and hearing, and client #3 had an annual evaluation of his vision.</p> <p>5) Please refer to W340. For 1 of 3 clients in the sample (#1), the facility's nursing services failed to ensure client #1's pill crusher was washed after each use.</p> <p>6) Please refer to W348. For 1 of 3 clients in the sample (#1), the facility's nursing services failed to ensure client #1 had a follow-up dental appointment as indicated.</p> <p>9-3-6(a)</p> <p>483.460(c)(5)(i) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. Based on observation and interview for 1 of 3 clients in the sample (#1), the facility failed to ensure client #1's pill crusher was washed after each use.</p> <p>Findings include:</p>	W 0340	<p>See Pill Crusher Receipt</p> <p>Nurse and Managers will ensure all pill crushers have been removed from the home except for the Silent Knight Pill Crusher. Silent Knight Pill Crusher was ordered January 26, 2021 and</p>	02/01/2021	

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

PRINTED: 02/18/2021

FORM APPROVED

OMB NO. 0938-039

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W 0348  Bldg. 00	<p>On 1/19/21 from 3:07 PM to 4:45 PM and 1/20/21 from 5:54 AM to 7:53 AM, observations were conducted at the group home. On 1/19/21 at 4:13 PM, client #1 received his medications from staff #8. Staff #8 used a pill crusher to crush client #1's medications. The pill crusher was caked with residue from previous medication passes. Staff #8 touched the pill crusher to a container of pudding. There was pudding on the top of the pill crusher. Staff #8 returned the lid to the pill crusher spreading the pudding over the top of the pill crusher. Staff #8 placed the pill crusher back into the container with client #1's medications without washing the pill crusher.</p> <p>On 1/20/21 at 6:00 AM, client #1 received his medications from staff #8. Staff #8 used the same pill crusher as she did on 1/19/21. The pill crusher had dried chocolate on the top once the lid was removed. The inside of the pill crusher was caked with medication residue from previous medication passes. Staff #8 used the pill crusher to crush client #1's medications. After using the pill crusher, staff #8 placed the pill crusher back into client #1's container to be used again without washing the pill crusher.</p> <p>On 1/20/21 at 6:05 AM, staff #8 stated client #1's pill crusher was "never washed."</p> <p>On 1/20/21 at 1:13 PM, the Residential Director indicated client #1's pill crusher should be washed after each use.</p> <p>9-3-6(a)</p> <p>483.460(e)(1) DENTAL SERVICES The facility must provide or make</p>		<p>in the home by February 1, 2021.</p> <p>See Admin In-service See Pill Crusher Receipt</p>		

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W 0440	<p>arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#1), the facility failed to ensure client #1 had a follow-up dental appointment as indicated.</p> <p>Findings include:</p> <p>On 1/20/21 at 10:13 AM, a review of client #1's record was conducted. Client #1's most recent dental appointment was on 12/18/19. The 12/18/19 Medical Appointment Form indicated, "Assisted brushing 2x (two times) daily. Assisted flossing 2x daily... When would you like a return appointment? 6 months." There was no documentation client #1 returned to the dentist since 12/18/19.</p> <p>On 1/20/21 at 1:26 PM, the Residential Director indicated client #1 should have been back to the dentist.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS</p>	W 0348	<p>Nurse, Medical Coordinator, and Managers was in-serviced. Nurse, Medical Coordinator, and Manager will be responsible to ensure individual's dental appointments are completed in a timely manner. A document has been created to assist in tracking all appointments. Many appointments have been scheduled and attended. The nurse will oversee all appointment.</p> <p>Documentation from the physician (Cheryl Simpsons) is in Client #1 &amp; #3 file Dr. Clark has agreed to see both Clients on Feb. 18th @ 10am for Annual Physicals. Client #1 saw the dentist on 2/1/21, but cleaning will be completed on 4/26/21; Vision Exam 10/26/20; Neuro 2/3/21, and gastro (Digestive Care on 2/12/21. Client # 2 had physical with Dr. Kroeger on 1/25/20 at 1:20pm and vision exam will be 3/2/21 at 9:30am, but trying to get her in sooner. Client # 3 went to eye doctor on 2/2/2021 at 9am.</p> <p>See Medical Lab Tracking See Admin Inservice</p>	02/18/2021

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NAME OF PROVIDER OR SUPPLIER  ARC SOUTHWEST INDIANA, THE			STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670		
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Bldg. 00	<p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to conduct quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>On 1/19/21 at 1:48 PM, a review of the facility's evacuation drills was conducted and indicated the following affecting clients #1, #2, #3, #4, #5 and #6:</p> <p>-During the day shift (7:30 AM to 3:00 PM), there were no evacuation drills conducted from 1/5/20 to 5/10/20.</p> <p>-During the evening shift (3:00 PM to 11:00 PM), there were no evacuation drills conducted from 2/5/20 to 8/7/20 and 8/9/20 to 1/19/21.</p> <p>-During the night shift (11:00 PM to 7:30 AM), there were no evacuation drills conducted from 9/30/20 to 1/19/21.</p> <p>On 1/19/21 at 2:00 PM, the Residential Director indicated the facility should conduct one drill per shift per quarter.</p> <p>On 1/20/21 at 10:56 AM, the Qualified Intellectual Disabilities Professional indicated the facility should conduct one drill per shift per quarter.</p> <p>9-3-7(a)</p>	W 0440	Evacuation drills will be held each shift each quarter. Manager will direct staff to complete evacuation drills. Drills will be completed according to ISDH and Life Safety Guidelines. Drills will be documented with no blanks otherwise the drill document will be returned to the staff person(s) completing the drill. Residential Director will sign off on all drills, Admin Assistant/Medical Coordinator will track all drills. Staff are in-serviced on drills. See Meeting ISDH Survey See On-the-Job Training Competency Check See ISDH Admin IN-Service	02/05/2021	
W 0455 Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of</p>				

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	<p>infection and communicable diseases. Based on observation and interview for 5 of 6 clients living in the group home (#1, #2, #3, #5 and #6), the facility failed to ensure client #5 did not lick the blood off of his finger after checking his blood sugar and the staff sanitized the dishes after meals to decrease the chance of spreading Covid-19.</p> <p>Findings include:</p> <p>1) On 1/20/21 from 5:54 AM to 7:53 AM, an observation was conducted at the group home. At 6:19 AM, client #5 checked his blood sugar level due to diabetes. After client #5 placed a sample of blood onto the test strip, client #5 licked the blood off of the end of his finger. Staff #8 did not prompt or redirect client #5 to wash his hands or use an alcohol wipe to clean his finger. Client #5 left the medication area and walked around the group home.</p> <p>On 1/20/21 at 11:24 AM, the Residential Director (RD) indicated staff should have offered client #5 an alcohol swab to clean his finger.</p> <p>On 1/20/21 at 11:24 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated staff should have offered client #5 an alcohol wipe to clean his finger.</p> <p>On 1/22/21 at 11:50 AM, the nurse stated "I don't think that is very good. Staff should encourage him to wash his hands or use alcohol swabs." The nurse indicated the staff needed to direct and encourage him to sanitize his hands.</p> <p>2) On 1/19/21 from 10:41 AM to 12:40 PM, an observation was conducted at the group home. At 11:46 AM, staff #4 washed client #2's dishes</p>	W 0455	<p>The following information was sent to the homes for staff to use. After <b>washing</b>, soak for at least 2 minutes in a <b>solution</b> of 2 teaspoons of <b>bleach</b> per 1 gallon of <b>water</b>, drain and air dry. In-service was completed. Posted in the homes.</p> <p>At staff meeting and during the survey, staff were told to redirect client #5 when he licks blood off his finger after checking his blood sugar by offering him an alcohol swab or ask him to wash his hands. Objective has been created to address appropriate way to remove blood from his hands.</p> <p>Staff will also be in-serviced as a reminder of the 7/29/20 COVID-19 Special Protocol which pertains to individuals and employees. See R2 Meeting ISDH Survey</p>	02/25/2021	

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	<p>and placed them into a dish drainer. The dishes were not sanitized. At 11:50 AM, staff #4 washed client #3's dishes. The dishes were not sanitized after staff washed them. At 12:16 PM, staff #4 washed client #6's dishes. The dishes were not sanitized after staff washed them.</p> <p>On 1/19/21 at 11:50 AM, staff #1 indicated staff was told not to use the dishwasher as much due to the dishwasher not cleaning the dishes thoroughly. Staff #1 indicated the staff was not instructed to sanitize the dishes after hand washing the dishes.</p> <p>On 1/20/21 from 5:54 AM to 7:53 AM, an observation was conducted at the group home. At 6:41 AM, staff #2 handwashed breakfast dishes. Staff #2 did not sanitize the dishes after handwashing them.</p> <p>On 1/20/21 at 6:41 AM, staff #2 stated, "We do not sanitize the dishes." Staff #2 indicated the staff handwashed the dishes and allowed them to air dry. Staff #2 indicated the dishwasher worked with no issues.</p> <p>On 1/20/21 at 11:03 AM, the QIDP indicated she was not sure why the staff was handwashing the dishes. The QIDP stated, "especially with Covid they need to be using the dishwasher to sanitize the dishes."</p> <p>On 1/20/21 at 11:11 AM, the RD stated the "dishwasher was acting up. There was a period it wasn't working correctly." The RD indicated the staff should sanitize the dishes by either using the dishwasher or using a bleach/water solution. The RD indicated the staff was trained to use a bleach/water solution when handwashing the dishes.</p>			

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

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FORM APPROVED

OMB NO. 0938-039

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	<p>On 1/22/21 at 11:50 AM, the nurse indicated she was unsure why the staff was not using the dishwasher to wash the dishes. The nurse indicated the staff should be using the dishwasher to ensure the dishes were sanitized. The nurse stated, "especially during the pandemic. Need to use a sanitizer."</p> <p>On 1/22/21 at 11:59 AM, a review of the 7/29/20 Covid-19 Special Protocol indicated, "In an effort to make all areas of service within the agency as safe and sanitary as possible during the continuing Covid-19 Pandemic, The Arc Southwest Indiana will adhere to the following protocol. Doing so will allow offices and services to stay open, with an approach to Covid-19 transmission reduction that follows best practices and recommendations from the most informed sources available, including, but not limited to, the CDC and the Indiana State Department of Health. ...Good hand washing and sanitation techniques will be observed by staff at all times...." The 3/9/20 Infection Control and Universal Precautions policy indicated, "...Hands should always be washed before and after direct contact with patients and/or items used by patients. If hands come in contact with blood or other moist body substance, non-intact skin or mucous membrane or articles contaminated by same, wash immediately and thoroughly with soap and water. Hands must also be washed after removing gloves. When washing, good lather, scrubbing all skin surfaces of hands, and thorough rinsing and drying are the necessary to be sure that handwashing removes soil and germs... Environmental surfaces and equipment which has been contaminated by blood or other moist body substance shall be immediately and thoroughly cleaned and disinfected."</p>			

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W 9999  Bldg. 00	<p>9-3-7(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: (3) conviction of a crime substantially related to a dependent population or any violent crime. 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 3 of 3 staff (staff #1, #2 and #7) personnel files reviewed, the facility failed to ensure 3 references were obtained prior to employment.</p> <p>Findings include:</p> <p>On 1/19/21 at 1:42 PM, a review of the facility's employee files was conducted. Staff #1, #2 and #7's personnel files did not include documentation</p>	W 9999	Human Resources Director was in-serviced on ISDH requirement of 3 references. HR assistant will be in-serviced and monitored by the HR Director upon her return from maturity leave. See Human Resource Inservice	02/12/2021

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	<p>the facility obtained three references for each of the staff prior to the staff working in the group home.</p> <p>On 1/19/21 at 2:39 PM, the Human Resources Director indicated each staff should have had three references conducted prior to working in the home.</p> <p>9-3-2(c)(3)</p>			