

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 08/14/2024
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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 0000 Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 8/12/24, 8/13/24 and 8/14/24.</p> <p>Facility Number: 000951 Provider Number:15G437 AIMS 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 8/21/24.</p>	W 0000		
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 record review and interview for 3 of 3 clients in the sample (#1, #2 and #3) and 4 additional clients (#4, #5, #6 and #7), the governing body failed to exercise operating direction over the facility by failing to ensure the clients were not being charged \$3.00 per month for paper statements from the bank.</p> <p>Findings include:</p> <p>On 8/13/24 at 11:24 AM, a review of the clients' finances was conducted and indicated the following:</p> <p>-Client #1 was charged \$3.00 per month for paper bank statements since January 2024. There was no documentation the facility reimbursed this fee to client #1's account.</p>	W 0104	<p>The Arc Southwest of Indiana Finance Director Vickie Page has reached out to German American Bank concerning the \$3 monthly maintenance fee for all our Residents bank accounts. The Finance Supervisor from German American Bank has agreed to not charge a fee moving forward. This is in an email Exhibit A.</p> <p>Completed on 08/28/24 We will continue to receive paper statements but with no fee.</p> <p>This includes all current resident accounts and any new accounts we may have. Bank statements will be reviewed monthly to ensure the fee is not being added by the</p>	08/28/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mikala Martin	Residential Director	08/29/2024

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>-Client #2 was charged \$3.00 for a paper bank statement in July 2024.</p> <p>-Client #3 was charged \$3.00 per month for paper bank statements in May 2024, June 2024 and July 2024.</p> <p>-Client #4 was charged \$3.00 per month for paper bank statements since February 2024. There was no documentation the facility reimbursed this fee to client #4's account.</p> <p>-Client #5 was charged \$3.00 per month for paper bank statements since February 2024. There was no documentation the facility reimbursed this fee to client #5's account.</p> <p>-Client #6 was charged \$3.00 per month for paper bank statements since February 2024. There was no documentation the facility reimbursed this fee to client #6's account.</p> <p>-Client #7 was charged \$3.00 per month for paper bank statements since February 2024. There was no documentation the facility reimbursed this fee to client #7's account.</p> <p>On 8/13/24 at 11:55 AM, the Residential Director indicated the clients should not be paying the fees for paper bank statements.</p> <p>On 8/13/24 at 12:59 PM, the Qualified Intellectual Disabilities Professional indicated the clients should not be paying the fees for paper bank statements.</p> <p>On 8/13/24 at 1:33 PM, the Finance Director (FD) indicated at the moment, all the clients' statements were being sent as paper. The FD indicated she</p>		bookkeeping department.	

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W 0154 Bldg. 00	<p>was working on resolving the issue so the clients were not being charged the \$3.00 per month fee. The FD stated, "Didn't realize I could avoid the fee" until she recently received a flyer from the bank indicating switching to electronic statements would avoid the fee.</p> <p>9-3-1(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 3 clients in the sample (#2), the facility failed to conduct an investigation into an attempted kidnapping of client #2 by her mother.</p> <p>Findings include:</p> <p>On 8/12/24 at 12:27 PM, a review of the facility's incident reports was conducted and indicated the following:</p> <p>On 7/22/24 at 2:30 PM, client #2 was at a doctor's appointment. When the appointment was over, client #2's mom and her mom's boyfriend were waiting for client #2. The 7/23/24 Bureau of Disabilities Services (BDS) report indicated, "... [Client #2] was an emergency removal from her mom's home a little over a year ago by APS (Adult Protective Services) and has a court appointed guardian. On 07/22/2024 at 2:35 PM, (the) Q (Qualified Intellectual Disabilities Professional/QIDP) was at central office when notified [client #2's] mom and boyfriend were attempting to kidnap [client #2] as she left her doctor's appointment in [name of city]. Q was on the Home Manager's speaker phone (Home Manager/HM was with client #2) listening to HM</p>	W 0154	The Residential Director reviewed her trainings on Investigations and completed an In-Service on 08/28/24 exhibit B. Although the Residential Director felt all the information was included in the IR, follow up and statements, she now knows to complete the investigation form. The surveyors also discussed this with the Director and helped clear up some confusion on investigations. Going forward, when in doubt, an investigation will be done. All investigations will be reviewed monthly by the Quality Assurance Assistant Teresa Esche.	08/28/2024
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	<p>try to defend [client #2] against her mom and BF (boyfriend) grabbing [client #2]. Q reminded them they had no right to touch [client #2] and the police were on their way... Q heard [client #2] saying, 'No, no, don't let them take me!'... Heard the police officer say, 'Well if this is her mom, she's [age], and she wants to go home then take her home.' Q then heard mom say, 'So, we can take her?' Q yelled 'No, she was an emergency removal from their home for abuse!' Cop asked, 'Removal? By who, she's [age].' Q said, 'By Adult Protective Services and [name of APS staff] handled the case. And she has a court appointed guardian who says no contact with mom!' Q heard cop tell mom she needed to stay until (they) could get this straightened out. Q arrives on scene and cop was allowing [client #2] to sit in mom's car where mom was whispering in [client #2's] ear and encouraging her to pet the dog. Q was getting guardian on phone and demanded the cop get mom away from [client #2] which he did. Q and HM went to [client #2] and blocked mom's access to [client #2] while she was sitting in mom's car. By this time [client #2] was so confused she was looking at the dog saying she did want to go with mom. Q (and) HM reminded [client #2] of her happiness at the group home and being able to spend her own money and then she remembered herself and was ready to get in group home van. Once Q had HM and [client #2] in agency van, told HM to go! Then the cops says wait, tell them not to leave yet. Q looked at him and asked 'Why?' Cop said he was calling the prosecutor's office to verify he was letting the correct people take [client #2]. This whole time mom and [boyfriend] are yelling and making threats. Finally, the cop says [client #2] can leave and as Q is leaving mom yells, 'B----, I'll see you in court!' Q reminded her that she had already been to court and lost. Mom (and) [boyfriend] were left</p>			

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W 0192 Bldg. 00	<p>at the scene arguing with cops...." The Plan to Resolve section indicated, "...Q will add training objectives for [client #2] to discuss with staff twice a week ways mom might try to trick her into leaving with them and also what to do (stay with staff/don't let go of staff/don't listen to them, just your staff/etc) if this ever occurs again. Q will be following up with guardian about obtaining a restraining order against mom (and) [boyfriend] to protect [client #2]."</p> <p>There was no documentation the facility conducted an investigation.</p> <p>On 8/12/24 at 1:42 PM, the Residential Director (RD) indicated the facility did not conduct an investigation. The RD stated, "Didn't think it should have been completed. QIDP could have done one." The RD indicated client #2 was removed from her mom's house in July 2023 due to abuse. The RD indicated client #2's paid guardian was attempting to get a restraining order against client #2's mom. The RD indicated this was the second time client #2's mom was waiting outside for client #2 after a doctor's appointment. The RD indicated the doctor's offices were contacting the mom to let her know appointments were scheduled.</p> <p>On 8/13/24 at 12:59 PM, the QIDP stated, "I didn't think it needed to be investigated."</p> <p>9-3-2(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation, record review and</p>	W 0192	The Residential Nurse Melanie	08/14/2024

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	<p>interview for 1 of 4 non-sampled clients (#4), the facility failed to ensure staff received competency based training regarding client #4's oxygen concentrator.</p> <p>Findings include:</p> <p>On 8/13/24 from 5:54 AM to 7:47 AM, an observation was conducted at the group home. At 7:29 AM, staff #5 indicated client #4 used an oxygen concentrator at night. Staff #5 indicated she was not sure what it was supposed to be set on. Staff #5 indicated she ensured it was on at night. At the request of the surveyor, staff #5 turned on client #4's oxygen concentrator. It was set at 1.25 liters per minute (LPM). Staff #5 indicated she did not adjust the settings regardless of the level it was set on.</p> <p>On 8/13/24 at 10:57 AM, a focused review of client #4's record was conducted. Client #4's 6/3/24 Physician's Orders indicated, "Oxygen 2 liters: Connect oxygen 2l (liters) to CPAP (continuous positive airway pressure) through the night."</p> <p>On 8/13/24 at 11:55 AM, the Residential Director (RD) indicated client #4's oxygen should be set at 2 LPM. The RD stated it was a "training issue."</p> <p>On 8/13/24 at 11:58 PM, the Medical Coordinator indicated client #4's oxygen concentrator should be set at 2 LPM.</p> <p>On 8/13/24 at 12:00 PM, the nurse indicated client #4's oxygen should be set at 2 LPM. The RD stated it was a "training issue."</p> <p>On 8/13/24 at 12:59 PM, the Qualified Intellectual Disabilities Professional indicated client #4's oxygen concentrator should be set at 2 LPM. The</p>		<p>Sampson took pictures of client #4 full C-Pap system and included how it should be connected and the settings. Exhibit C The staff trainings for this is Exhibit D. completed 8/14/24</p> <p>These visuals are in the client#4 med book as well as on the wall in his room above the oxygen concentrator.</p> <p>The prompt in Carasolva/MAR was added on 07/01/2022 as seen in exhibit N. It states the Oxygen 2L to C-Pap through the night. July and August 2024 Carasolva prompts are also included to show where this is being done. Exhibit E. If there are ever any changes to this, the Residential Nurse will update prompts and training staff as needed.</p>	
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W 0240 Bldg. 00	<p>QIDP indicated it was a staff training issue.</p> <p>9-3-3(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3's plans addressed the use of her walker.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 8/12/24 from 3:22 PM to 5:47 PM and on 8/13/24 from 6:00 AM to 7:41 AM.</p> <p>Throughout the observations client #3 used a manual wheelchair. Client #3 used her feet to walk herself forward to move around her home. On 8/12/24 at 3:27 PM, client #3 stated, "I haven't fallen today." On 8/13/24 at 6:15 AM, client #3 sat at the dining room table in her wheelchair. Client #3 pointed to a walker leaning against the cabinets in the dining room and stated, "I am going to start using my walker soon because I haven't fallen." At 7:27 AM, client #3 walked with her feet, while sitting in her wheelchair, to the van steps. Client #3 locked the brakes on her wheelchair and stood up holding onto the grab bars inside the van. From inside the van the Medical Coordinator held client #3's gait belt from the front as she walked up the steps holding on the bars along the steps and then held onto a pole near the front seat inside the van and sat down. The RM (Residential Manager) asked the Medical Coordinator if client #3's walker went to day</p>	W 0240	<p>Client #3 was seen by her PCP on 8/27/24, PCP does not feel it is safe for her to use a walker at this time as seen in exhibit G. He wants her to continue to use a wheelchair. Client #3 refused physical therapy and had an increase in falls due to her osteoarthritis, chronic CHF and diabetic neuropathy which all can complicate her ambulation. Client#3 will continue to be encourage to do her daily exercises as prompted in Carasolva. Exhibit O</p> <p>The ISP was updated by the QIDP to take client #3 walker out as adaptive equipment. Exhibit F The QIDP Sandy Dillard will update the ISP's as needed to add or remove adaptive equipment</p>	08/27/2024

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	<p>program. The Medical Coordinator indicated the walker should not be taken to day program.</p> <p>Client #3's record was reviewed on 8/13/24 at 9:20 AM.</p> <p>Client #3's ISP (Individual Support Plan), dated 5/1/24, indicated, "...[Client #3] is mobile but requires a walker...."</p> <p>Client #3's High Risk Management Plan, dated 5/1/24, indicated, "...Falls: [Client #3] will not drag/shuffle her feet when walking. [Client #3] will not experience falls with proper use of her W/C (wheelchair). [Client #3] will not have falls associated with a behavior. After [client #3's] stroke in 2008, she tends to drag/shuffle her feet while walking. [Client #3] usually experiences a couple of falls a year, but has had an escalation in falls in 2023. [Client #3] will put herself on the floor as a behavior in order to get out of completing a task or in retaliation of not getting a demand, met. This is within her BSP (Behavior Support Plan). Due to [client #3's] falls, she now uses a W/C in the home and at Life Skills. She wears a gait belt and relies on staff assistance for transfers and mobility when walking short distances.</p> <p>[Client #3] will use a W/C as needed at times for her safety...</p> <p>History of knee replacements...[Client #3] had a total knee replacement in May of 2011, and the other one in January of 2012. [Client #3] is a fall risk. She was using a front-rolling walker until mid-2023. She began to have falls (many behavior-driven), so her PCP (Primary Care Physician) ordered for her to use a W/C, exclusively for her safety. [Client #3] will require staff assistance for transfers and mobility. [Client #3] will use her W/C at all times and be reminded</p>			

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W 0249 Bldg. 00	<p>to notify staff when she is needing assistance with transfers, mobility, or ADLs (Activities of Daily Living) requiring her to ambulate.</p> <p>-Staff will encourage [client #3] to bend her knees when walking, lift her feet when walking, stand fully-upright, look ahead, and take small strides.</p> <p>-Staff will encourage [client #3] to do her ordered exercises listed on the MAR (Medication Administration Record). These can be done from a chair.</p> <p>-Staff will encourage [client #3] to participate in 30 mins of exercise a day to strengthen her muscles...</p> <p>-Staff will ensure that [client #3] has supportive shoe gear on prior to transfers or ambulating...."</p> <p>The RM was interviewed on 8/13/24 at 7:30 AM. The RM indicated client #3 was using her walker then began to refuse. The RM indicated they were sending the walker to day program for client #3 to use there.</p> <p>The RD (Residential Director) was interviewed on 8/13/24 at 10:55 AM. The RD indicated client #3 was using her walker at the day program. The RD indicated she did not have a plan to use her walker. The RD stated, "We could look at a plan as she hasn't been using it (walker) for a while." The RD indicated the walker should be put on the van in the morning for client #3 to use at day program. The RD stated, "She (client #3) should use the walker if she wants to."</p> <p>9-3-4(a)</p> <p>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</p>			

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	<p>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 1 additional client (#6), the facility failed to ensure staff implemented client #6's plan to wear his shoulder harness.</p> <p>Findings include:</p> <p>Observations were completed at the facility operated day program on 8/12/24 from 1:59 PM to 3:07 PM.</p> <p>At 2:20 PM, client #6 worked on a puzzle sitting at the table in the life skills day program. Client #6 sat in his wheelchair leaning to the right. Client #6 was not wearing his shoulder harness. At 3:04 PM, client #6 boarded the van to be transported home. Client #6's shoulder harness was not fastened and the straps hung down from the right side of his wheelchair.</p> <p>Observations were completed at the group home on 8/12/24 from 3:22 PM to 5:47 PM and on 8/13/24 from 6:00 AM to 7:41 AM.</p> <p>During the observations on 8/12/24 client #6 did not wear his shoulder harness.</p> <p>Client #6's record was reviewed on 8/13/24 at 11:00 AM.</p> <p>Client #6's in-service training record dated 8/2/23 indicated, "...He (client #6) has a shoulder harness. When putting the shoulder straps (harness) on, you will need to pull [client #6's] shoulders back before buckling it...Keep the straps on for about an hour at a time, and then off</p>	W 0249	<p>In August 2023 client #6 was eligible for a new wheelchair. He Went to Easter Seals and was assessed by Amy Vaughn , a Certified Occupational Therapist Assistant, ATP. Exhibit P. He was assessed and a wheelchair with a higher back and shoulder strapped was deemed appropriate for him. At that time, Amy recommended that he wear his shoulder straps on an hour and off an hour to help with his leaning. This was place in Carasolva/MAR to prompt staff to follow. Since the first of the year he has had an increase in refusing to wear the straps. He refuses because he has stated it hurts to wear them To the point where he will cry or get upset when prompted. He does wear them at Life Skills during Day Program for an hour on and an hour off but those times may not fall on the prompt schedule in Carasolva due to Day Program activities and lunch. He will wear them at home but not all the time. His refusals are noted in Carasolva.</p> <p>Client #6 was taken to Easter Seals on 08/21/24 Exhibit H, where he was assessed again by Amy Vaughn a Certified Occupational Therapist Assistant, ATP for his shoulder straps and</p>	08/22/2024

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	<p>to rest for an hour. I have made [company's computer program] prompts for this. You can chart, 'other' and comment, if you need to leave the straps off longer. If you notice the skin is red beyond an hour, you can leave the straps off for longer. If the skin remains red (like a rash or abrasion, please notify myself or [medical coordinator]...Leave the shoulder straps (harness) off during any activities that he would normally make effort to hold himself upright to do. Examples would be; eating, crafts, puzzles, and etc. This is to facilitate him to continue to use and build the muscles of the chest, neck and back...."</p> <p>Client #6's task record for August 2024 indicated, "At 7:00 AM, 9:00 AM 11:00 AM, 1:00 PM, 3:00 PM, 5:00 PM, 7:00 PM, 9:00 PM, Take shoulder harness straps off ...At 6:00 AM, 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM, Put shoulder harness straps on. Assess skin under straps. If skin is red, leave straps off additional time. Do not make adjustments to the straps at any time"</p> <p>The RN (Registered Nurse) was interviewed on 8/13/24 at 11:01 AM. The RN indicated client #6 had a plan for his shoulder harness to be worn for one hour and taken off for an hour throughout the day. The RN indicated staff were in-serviced on client #6's harness schedule. The RN indicated staff document in the company's computer program when he is and isn't wearing his shoulder harness. The RN indicated if staff see redness on client #6's shoulders they should not put his shoulder harness on until the redness is resolved. The RN indicated staff should encourage client #6 to wear his shoulder harness as the schedule directs.</p> <p>The RD (Residential Director) was interviewed on</p>		<p>options to sit upright without pain while in his wheelchair. They didn't feel a wedge would work with his type of wheelchair and he is not eligible for a new chair at this time. She didn't feel a different chair would work as well due to his degree of leaning. They also did not feel that straps that cross the front of his body would help due to creating more pain from pressure points. Easter Seals recommended a trial of Physical Therapy and they loosened his shoulder straps by 3 inches on the right side to help with the pain but also still help with leaning. Our Nurse and Medical Coordinator are currently looking for a Physical Therapist who specializes with disabilities. An appointment will be made once a therapist is found. Client #6 is encouraged to wear his shoulder straps to help with his posture and leaning. Carasolva stated he is to wear them and hour then off an hour. Exhibit I. It was updated on 08/22/24 to ENCOURAGE him to wear the straps due to his frequent refusal to wear them. It was also updated to put both elbows on the table while eating and to prop his right elbow on his armrest while sitting with no activity.</p>	

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W 0473 Bldg. 00	<p>8/13/24 at 10:55 AM. The RD indicated client #6 will only comply with wearing his shoulder harness for certain staff. The RD indicated staff should encourage client #6 to follow the schedule for his shoulder harness.</p> <p>9-3-4(a)</p> <p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature.</p> <p>Based on observation and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure breakfast and dinner were served within 15 minutes after removal from a heat source.</p> <p>Findings include:</p> <p>On 8/12/24 from 3:22 PM to 5:48 PM, an observation was conducted at the group home. At 4:31 PM, the Home Manager removed the chicken and vegetables from the stove and began putting them on skewers or in a bowl. At 4:59 PM, dinner started. The chicken and vegetables were not served within 15 minutes of being removed from the stove. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 8/13/24 from 5:54 AM to 7:47 AM, an observation was conducted at the group home. Upon arrival to the group home, there was a bowl of sausage patties on the dining room table. There was a covered glass pan with several slices of bread with cheese on them. There was a bowl with eggs in it. At 6:39 AM, breakfast started. The eggs, sausage and bread with cheese were not served within 15 minutes of removal from a heat source. This affected clients #1, #2, #3, #4,</p>	W 0473	<p>The House Manager had a house meeting on 08/23/24 with all the DSP's for that home and also the Residential Coordinator where a variety of topics were covered. Special attention to Family style dining was discussed. Exhibit J.</p> <p>They discussed how food can not be away from the heat or cold source more than 15 minutes before eating. They discussed this in great detail as this can be challenge with so many unpredictable situations in a group home. All staff understood this process and signed the Roster and IN-Service. Exhibit J</p>	08/23/2024

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W 0488 Bldg. 00	<p>#5, #6 and #7.</p> <p>On 8/13/24 at 11:55 AM, the Residential Director indicated food should be served within 15 minutes after removal from a heat source.</p> <p>On 8/13/24 at 12:59 PM, the Qualified Intellectual Disabilities Professional indicated food should be served within 15 minutes after removal from a heat source.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure the clients were involved with breakfast preparation, serving themselves and making their own lunches.</p> <p>Findings include:</p> <p>1) On 8/13/24 from 5:54 AM to 7:47 AM, an observation was conducted at the group home. At 5:54 AM, there were 7 lunch boxes sitting on the pass through from the kitchen to the dining room. Also, upon arrival to the group home, there was a bowl of sausage patties on the dining room table. There was a covered glass pan with several slices of bread with cheese on them. There was a bowl with eggs in it. This affected clients #1, #2, #3, #4, #5, #6 and #7. At 6:08 AM, the surveyor asked clients #2 and #3 what they packed for lunch. Clients #2 and #3 indicated the staff packed their lunches and they did not know what was in their lunch boxes. At 6:14 PM, staff #5</p>	W 0488	<p>The House Manager had a house meeting on 08/23/24 with all the DSP's and the Residential Coordinator for that home where a variety of topics were covered. Special attention to Family style dining was discussed. Exhibit J.</p> <p>The DSP's do an excellent job at assisting the Residents with preparing dinner. They also discussed having the Residents more involved with preparing Breakfast and Packing lunches for Day program. There is a few Residents that really do great at preparing their breakfast and lunches and a few that don't want to get up and going early enough to help with this routine. As a team, they came up with a new routine for packing lunches. They now do it the night before and all</p>	08/23/2024

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	<p>indicated the night shift staff packed the clients' lunches Sunday through Thursday. Staff #5 indicated the overnight shift staff made breakfast during the night shift while the clients were asleep. At 6:18 AM, client #2 indicated staff made the lunches and the breakfast. At 6:20 AM, client #1 entered the dining room and told staff #5 he wanted a banana. Staff #5 took a banana to client #1. Staff #5 gave clients #2 and #3 their drinks. At 6:33 AM, staff #5 put watermelon on the table. At 6:39 AM, staff #5 put client #4's high sided plate with his pureed breakfast on the table.</p> <p>On 8/13/24 at 11:55 AM, the Residential Director indicated the clients should be engaged in meal preparation and serving themselves.</p> <p>On 8/13/24 at 12:59 PM, the Qualified Intellectual Disabilities Professional indicated the clients should be engaged in meal preparation and serving themselves.</p> <p>2) Observations were completed at the group home on 8/13/24 from 6:00 AM to 7:41 AM.</p> <p>At 6:00 AM, the dining room table had a casserole dish covered with plastic wrap containing cheese sandwiches, a bowl cover with foil containing fried eggs and a paper plate of sausage patties covered by a second paper plate turned upside down. Client #3 was sitting at the table. Client #6 was sitting at the bar on the dining room side of the kitchen. Clients #5 and #7 were laying on the couch asleep covered with a blanket. Client #4 was sitting in his recliner. Client #1 was in the med room. Client #2 was walking through the living room.</p> <p>At 7:13 AM, clients' #1, #2, #3, #4, #5, #6 and #7 lunchboxes were sitting on the kitchen counter. The Medical Coordinator packed clients' lunches with containers from the refrigerator. Client #7 was</p>		Residents get involved. This started the day of the meeting on 08/23/24 and has been successful so far. They also discussed the breakfast routine and to try to encourage everyone to help. It will be noted in a staffing note when they choose not to participate. All staff understood this process and signed the Roster and In-Service. Exhibit J	

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W 9999 Bldg. 00	<p>in the kitchen loading the dishwasher. Client #2 was in the bathroom. Clients #1, #3, #4 and #5 were in the living room. Client #6 sat at the bar opposite of the Medical Coordinator while she packed the lunch boxes.</p> <p>The RD (Residential Director) was interviewed on 8/13/24 at 10:55 AM. The RD indicated clients should be involved with meal preparation. The RD indicated clients should be helping to pack their lunches.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 8/13/24 at 11:59 AM. The QIDP indicated clients should be engaged in meal preparation and packing their lunches.</p> <p>9-3-8(a)</p> <p>State Findings</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>	W 9999	<p>Policy 142 Hiring and Training New Employees Exhibit L, was updated 08/28/24 to reflect the New Hire offer letter Exhibit M. The HR Director Shelly Everett and Trainer Danni Tapley have reviewed the policy and understand that reference checks must be completed. They completed an In-Service acknowledging they understand. Exhibit K</p> <p>The job offer to new employees in contingent upon successful completion of a drug screen, drivers license, proof of automobile insurance, reference checks and</p>	08/28/2024

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	<p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview for 2 of 3 employee files reviewed (staff #4 and #6), the facility failed to provide documentation of three references for staff #4 and #6.</p> <p>Findings include:</p> <p>On 8/12/24 at 12:32 PM, a review of the employee files was conducted and indicated the following: -Staff #4's employee file did not include any reference checks prior to him starting to work in the group home. -Staff #6's employee file did not include any reference checks prior to her starting to work in the group home.</p> <p>The HR (Human Resources) Director was interviewed on 8/12/24 at 1:36 PM. The HR Director indicated staff #4 and #6 did not have reference checks completed prior to being hired and working in the group home. The HR Director indicated the references have not yet been checked as the hiring process was not followed by the training coordinator.</p> <p>The RD (Residential Director) was interviewed on 8/13/24 at 10:55 AM. The RD indicated references should be checked before working in the group home. The RD stated, "That gets taken care of before they are in my hands." The RD indicated it was up the the Human Resource department to check references and complete the background checks.</p> <p>The company's hiring process policy, dated 4/4/24, was reviewed on 8/12/24 at 1:49 PM. The policy indicated, "...The purpose of this document</p>		<p>criminal history. It is challenging to get all references to respond in a timely manner, past employers will be called if references don't respond. The reference checks will be completed within 2 weeks of hire.</p>	

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

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	is to provide instructions for completing the hiring process...Associated Documents: Reference Check Sheet...If eligible, HR (Human Resources) will schedule interview. HR Department will call references and do MVR (motor vehicle) check...All new hire paperwork (including proof of automobile insurance, ID (Identification) and other required documentation) will be completed prior to the end of new hire orientation...." 9-3-2(c)(3)				