

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G134	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2023
NAME OF PROVIDER OR SUPPLIER ARC OPPORTUNITIES INC		STREET ADDRESS, CITY, STATE, ZIP COD 0170 W 300 N HOWE, IN 46746		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00397577.</p> <p>Complaint #IN00397577: Substantiated, A Federal and state deficiency related to the allegations is cited at: W331.</p> <p>Dates of Survey: 2/20 and 2/21/23.</p> <p>Facility number: 000671 Provider number: 15G134 AIM number: 100234320</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 3/7/23.</p>	W 0000		
W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility's nursing services failed to ensure client A was monitored after a choking incident.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities) reports were reviewed on 2/20/23 at 2:12 PM and indicated the following:</p> <p>A 12/20/22 BDDS report indicated on 12/19/22 "[Client A] was in the breakroom having snack (pretzels). [Staff #1] was sitting next to [client A]</p>	W 0331	<p>In response to the ARCF 100-43 Monitoring After Chocking/Aspiration Form not completed by the agency in review of clients (A) chocking incident on 12/19/22, Robert Taylor Residential Director, verified that the form was available to all staff and was available in all residential locations. In addition, on 3/14/23 all Residential DSPs were given a copy of the ARCF 100-43 Form, and it was reviewed with staff on where they could locate them in</p>	03/21/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jamie Peppler

Chief Transformation Officer

03/23/2023

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>monitoring her eating since [client A] tends to eat too fast. [Client A] had put too much in her mouth and couldn't finish swallowing. [Client A] started choking, so staff, [staff #1], bent [client A] at the waist and gave her back blows until all the food came out ...[Staff #1] called the nurse to check [client A] and [client A] was taken to the [name of hospital] Emergency Room for further evaluation. Staff will ensure that [client A] doesn't put too much food in her mouth when she is eating and will recommend [client A] does not eat pretzels."</p> <p>Client A's record was reviewed on 2/21/23 at 10:46 AM. Client A's 9/2022 Risk Plans indicated "Eats or drinks in an unsafe manner. Such as eating too fast, large bites, gulping of liquids, does not chew food adequately, stuffing food or talking while mouth is full... Staff will monitor resident and report any symptoms of coughing, shortness of breath, choking, gagging, vomiting, wheezing, wet respirations, excessive drooling, holding food in mouth > (greater than) 20 seconds, sudden change in color around lips or face, fever 24 - 48 hours after suspected choking/aspiration or increased residual to the Q (Qualified Intellectual Disability Professional) -on-call or nursing department... Client A's record did not indicate client A had been monitored following her choking incident.</p> <p>Client A's 9/2022 Risk Plan indicated "...Staff will monitor and encourage resident to take small bites and wait for her to swallow after each bite...".</p> <p>The agency Licensed Practical Nurse (LPN) was interviewed on 2/21/23 at 12:22 PM. The agency LPN indicated staff should complete the Monitoring After a Choking/Aspiration Form which included monitoring pulse, blood pressure, temperature, food/fluid intake, difficulty breathing,</p>		<p>each home.</p> <p>On 3/14/23 all agency DSPS were trained on the ARCF 100-43 Monitoring After a Choking / Aspiration Checklist for 7 days following the incident. Both Agency Nurse, Carol Greene LPN and Residential Director Robert Taylor trained DSPs on the form and process following a chocking incident. This training also included discussion on when to notify the nurse if a concern is noted during the monitoring period. Staff were instructed once the 7-day monitoring is completed to turn the form into the nursing mailbox for their final review. Three training sessions were conducted and the DSPS who were unable to attend due to being ill or on vacation have until 3/21/23 to make up the training.</p> <p>On 3/21/23 all documentation of this training will be uploaded to this POC for review.</p> <p>On going, nursing and the QIDPs will continue to monitor chocking risk plans, completion of the ARCF 100-43 Form and continue to monitor for the need for updates and additional training needs.</p>	

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	<p>skin color, etc. The agency LPN stated "I cannot be sure one was completed, but it should have been." The agency LPN indicated client A's plan was revised to indicate staff will monitor and encourage client A to take small bites and wait for her to swallow after each bite.</p> <p>This federal tag relates to complaint #IN00397577.</p> <p>9-3-6(a)</p>			