

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

PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-039

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 09/22/2023	
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 a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: September 18, 19, 20, 21, and 22, 2023.</p> <p>Facility Number: 000671 Provider Number: 15G134 AIMS Number: 100234320</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 10/4/23.</p>			W 0000			
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 8 of 16 allegations of abuse and neglect reviewed affecting clients #1, #2, #3, #4, and #5, the facility failed to implement its written policy and procedure to thoroughly investigate 3 falls with suspected or actual injury for client #1, 1 fall with injury for client #2, 1 choking incident for client #3, 2 allegations of peer to peer aggression by client #4 towards client #1, and 1 incident of choking for client #5.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 9/18/23 at 2:15 pm.</p>			W 0149	<p>It will be the responsibility of the Residential Director to enforce the existing policies and procedures that prohibit mistreatment, neglect, and abuse. It will be the responsibility of the QIDP to initiate and complete a thorough investigation. The investigation will include times and dates, interview of client/s involved, interview of staff involved, review of all applicable plans i.e.; risk plans, behavior plans, diet plans, and healthcare plans and review the findings of the investigation, compile recommendations to prevent future occurrences and</p>		10/20/2023

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

TITLE

(X6) DATE

Jamie Peppler

COO, Chief Transformation Officer

10/19/2023

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.

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

PRINTED: 10/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G134		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 09/22/2023	
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
	<p>1a. A BDDS report dated 3/16/23 indicated the following: "On 3/15/23 [client #1] was sitting at the kitchen table finishing her breakfast. One staff [Qualified Intellectual Disabilities Professional (QIDP) #1] was in the medication room passing meds (medications) the other was in the living room monitoring clients. [Client #1] fell out of her chair and spilled her coffee. Staff checked her for injuries and asked if she hit her head. She said yes, and [RN (registered nurse) #1] was called to come and examine her. After she was assessed by the nurse, it was determined that she should go to the ER (emergency room). [Client #1] complained of pain, and to avoid any further injuries, 911 was called, and [client #1] was taken to the ER in an ambulance. At the ER, they did x-rays, and she was given Tylenol (pain reliever) at 9:24 am. The x-rays showed an old spine fracture from long ago...."</p> <p>- The review indicated client #1 did not sustain any new fractures in her fall.</p> <p>- The review did not include an investigation of client #1's fall.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 9/20/23 at 9:40 am and indicated client #1's fall should have been investigated.</p> <p>1b. A BDDS report dated 8/27/23 indicated the following: "On 8/26/23, [client #1] was spending time in her room and staff heard her yelling and crying. They went to her room and found her on the floor. She had an instant bump that was 1 1/2 inches by 2 inches big on her forehead between the bridge of her nose and right eyebrow. [Client #1] also had a bloody nose. [Client #1] was having a hard time</p>				<p>document the administrators review of the completed investigation.</p> <p>In the future it will be the responsibility of the QIDP to implement policy and procedure that prohibit mistreatment, neglect and abuse through thorough investigations of all reported incidents which will include: times and dates, interview of client/s involved, interview of staff involved, review of all applicable plans i.e.; risk plans, behavior plans, diet plans, and healthcare plans and review the findings of the investigation, recommendations to prevent future occurrences and names of administrators that complete review of the completed investigation.</p>		

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

PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-039

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 09/22/2023	
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 DEFICIENCIES (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
	<p>telling them what had happened. She was to (sic) upset. ... I took her to [name] ER in [town]. While there she had a CT (computerized tomography) scan of her face, neck, and spine. [Client #1] has a nondisplaced fracture of the nose. They also stated that she had a sinus infection that was detected in the CT scan.... Once [client #1] was calm, we were able to talk about what happened. She said she fell out of her bed and hit her face. There was a pair of pants on her bed that looked like she was attempting to put (sic) a (sic) extra pair of pants. She likes to layer her clothes."</p> <p>An undated Incident Investigation Report indicated the investigation began on 8/26/23. The investigation included interviews with 2 staff members.</p> <p>The investigation did not include an interview with client #1, a review of her fall risk plan, the findings of the investigation, or recommendations to prevent future occurrence. The investigation did not include the date it was completed or names of reviewing administrators.</p> <p>QIDP #1 was interviewed on 9/20/23 at 9:40 am and stated, "The QIDP fills out the investigation form of what the staff said. I did look at the plans, but I do not document it."</p> <p>1c. A General Event Report (GER) dated 9/3/23 indicated the following: "[Client #1] screamed and was lying face first on the floor. [Client #1] fell from her bed and landed face first."</p> <p>The review did not include an investigation of client #1's fall from bed.</p> <p>Client #1's record was reviewed on 9/19/23 at 11:40 am.</p>						

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

PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-039

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 09/22/2023	
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 DEFICIENCIES (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
	<p>Client #1's fall risk plan dated August 2023 indicated the following:</p> <p>"Risk for fall due to history of fall with injury in the past.</p> <ul style="list-style-type: none"> - Staff will assess for the presence of hazardous environmental factors, such as loose rugs, furniture in the way, litter on the floors, dark rooms, highly polished or wet floors, etc., and remove or eliminate them. Rugs in the living area are encouraged to be removed. - Staff will monitor resident for the presence of contributing factors, such as not paying attention to her surroundings, dizziness, impaired vision, unstable gait, sleepiness, fatigue, improper shoes/slippers or side effects from medication. Use a gait belt with ambulation when needed for increased safety. - Staff will assist resident in unfamiliar surroundings verbally and/or physically as needed. Staff will also provide assistance when outside, during inclement weather conditions or when getting into a vehicle. - Staff will ensure that resident has appropriate nonskid, well-fitting footwear, and footwear is in good condition. - Staff will alert the nursing department by using Health Coordination Report of decline in physical abilities and/or difficulties with ambulation. - Staff will document all falls on an incident report, assess for injuries, and notify Q (QIDP) on-call or nursing department in a timely manner. - Nursing department will notify the physician of any problems/concerns and follow any recommendations given." <p>Client #1's high risk plan did not address her falls from bed.</p> <p>QIDP #1 was interviewed on 9/20/23 at 9:40 am and stated, "[Client #1] did fall out of bed again,</p>						

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

PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-039

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 09/22/2023	
NAME OF PROVIDER OR SUPPLIER ARC OPPORTUNITIES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 0170 W 300 N HOWE, IN 46746			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>but she was not injured. We asked her guardians if we could lower her bed. It was approved and has been lowered to the ground. We had a house training and reviewed her falls." QIDP #1 indicated there was no investigation for client #1's fall on 9/3/23.</p> <p>2. On 9/11/23 [QIDP #1] took [client #2] to [name] ER because [client #2] was stating her left wrist was hurting. QIDP was informed that [client #2] was on a walk yesterday (9/10/23) and fell forward. She did not hit her head and was able to catch herself on her hands and knees. She had minor visible injuries and did not hit her head. Q (QIDP) on call was notified that day and went to observe her. She was given Tylenol and basic first aid for the small scrapes on her knees. The next day, [client #2] was saying her left wrist was hurting. Nursing called her doctor and was instructed to take her to the ER for an x-ray. She received a tetanus shot while she was there and the x-ray did show a slight radial fracture. She was given a temporary splint and 1000 mg (milligrams) of Tylenol."</p> <p>An undated Incident Investigation Report indicated the investigation began on 9/11/23. The investigation included interviews with 2 staff members.</p> <p>The investigation did not include an interview with client #2, a review of her fall risk plan, the findings of the investigation, or recommendations to prevent future occurrence. The investigation did not include the date it was completed, a name or signature of the investigator, or names of reviewing administrators.</p> <p>Client #2's record was reviewed on 9/19/23 at 12:00 pm.</p> <p>Client #2's risk plan for falls dated August 2023</p>						

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

PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-039

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 09/22/2023	
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 DEFICIENCIES (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
	<p>indicated client #2 had a history of falls with injury as well as seizures. The risk plan indicated client #2 required staff assistance with the use of a gait belt for all ambulation. The risk plan indicated the following:</p> <p>"Requires use of walker, crutches, gait belt, helmet, braces, or other adaptive equipment as needed when ambulating....</p> <p>Requires verbal or physical assistance for transfers.</p> <p>- Staff will monitor [client #2] and provide physical assistance when transferring and walking.</p> <p>- Staff will use (sic) gait belt to assist [client #2] with transfers and walking...."</p> <p>QIDP #1 was interviewed on 9/20/23 at 9:40 am and stated, "Staff were using the gait belt. [Client #2] fell forward and staff tried to soften the fall. We determined staff did implement the risk plan correctly. We talked about walking in safe areas. If it's a long walk, we have a wheelchair or two staff."</p> <p>3. A BDDS report dated 7/20/23 indicated the following:</p> <p>"[Client #3] was eating lunch (at day program) and started turning red in the face and having trouble swallowing. She was eating pureed potato salad. Staff performed the Heimlich on her and gave her a drink. [Client #3] was able to swallow again and was taken to the ER for an assessment. [Client #3's] lungs were clear and the chest x-ray showed no signs of aspiration. [Client #3] returned to work at 2:30 pm."</p> <p>The review did not include an investigation of client #3's choking incident.</p> <p>Client #3's record was reviewed on 9/19/23 at 12:09 pm.</p>						

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

PRINTED: 10/24/2023

FORM APPROVED

OMB NO. 0938-039

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 09/22/2023	
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 DEFICIENCY (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
	<p>Client #3's choking risk plan dated August 2023 indicated the following:</p> <p>"One or more choking or suspected choking incidents in (sic) past 3 years.</p> <ul style="list-style-type: none"> - Staff will monitor resident while eating and drinking at all times.... - Staff will provide a calm, quiet environment, free from distractions during meals and snacks. - Staff will provide a mechanical soft diet with moist ground meat or pureed upon request by resident due to decreased dentition/chewing ability. - Staff will encourage resident to take small bites, chew slowly, and putting (sic) fork down between bites. - Staff will eliminate distractions and keep resident focused on task by giving directions as needed, until she/he has finished swallowing each mouthful. - Staff will encourage resident to drink all liquids slowly in small sips and to swallow between sips.... - If resident is unable to speak, cough, or breath, begin performing back blows and abdominal thrusts, call 911 if unable to clear airway as trained in CPR (cardio-pulmonary resuscitation) class...." <p>QIDP #1 was interviewed on 9/20/23 at 9:40 am and indicated another administrative person had completed an investigation for client #3's choking incident. QIDP #1 indicated the investigation was not available at the time of the survey.</p> <p>4a. A BDDS report dated 4/14/23 indicated the following:</p> <p>"[Client #1] was sitting at the table finishing breakfast. Staff [Direct Support Professional (DSP) #5] saw [client #1] spill milk and start to go to change her clothes. [Client #4] started hitting [client #1] on the left arm multiple times."</p> 						

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

PRINTED: 10/24/2023

FORM APPROVED

OMB NO. 0938-039

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 09/22/2023	
NAME OF PROVIDER OR SUPPLIER ARC OPPORTUNITIES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 0170 W 300 N HOWE, IN 46746			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>The review did not include an investigation of client #4's physical aggression towards client #1.</p> <p>4b. A BDDS report dated 8/20/23 indicated the following: "[DSP #1] was staff and was walking to the house with another housemate and heard [clients #4 and #1] yelling. She went to go investigate and saw [client #1] on the ground and [client #4] was standing near her still yelling. [DSP #1] resolved the conflict, so they stopped yelling, and, in talking with [client #1], she stated that [client #4] had pushed her but there was no one to witness the incident or push."</p> <p>An Incident Investigation Report dated 8/21/23 included an interview with DSP #5. The investigation did not include an interview with clients #1 and #4, a review of client #4's Behavior Support Plan (BSP) or client #1's fall risk plan. The investigation did not indicate whether the allegation of physical abuse by client #4 was substantiated or recommendations to prevent future occurrence. The investigation did not indicate names of reviewing administrators.</p> <p>Client #4's record was reviewed on 9/19/23 at 12:30 pm. Client #4's Behavior Support Plan (BSP) dated 5/20/23 indicated the following: "- All of [client #4's] behaviors revolve around receiving attention. If she does not receive the positive attention that she craves, she will find ways to grab the attention of those around her however she can.... - [Client #4] should always receive more positive attention for adaptive behaviors than she should negative attention for maladaptive behaviors like noncompliance or physical aggression. It is</p>						

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

PRINTED: 10/24/2023

FORM APPROVED

OMB NO. 0938-039

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 09/22/2023	
NAME OF PROVIDER OR SUPPLIER ARC OPPORTUNITIES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 0170 W 300 N HOWE, IN 46746			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>important to make sure to be very deliberate with your interactions with [client #4] to make sure that she can understand whether you are praising her or not....</p> <ul style="list-style-type: none"> - If she is not acting appropriately, attention should be as limited as much as possible.... - When attempting to intervene on [client #4's] negative behavior, use the following strategies: Disregarding disagreeable behavior: - The first priority is the safety of [client #4], her fellow clients, and her staff. - It is important that you make it clear when you are not paying attention.... When she is not acting appropriately, go about your shift working with other clients/completing chores as if [client #4] is not there. Once her behavior escalates to the point where she is dangerous to herself, others, or her environment, that is the point in which you cannot ignore it any longer and need to intervene.... - Staff should encourage [client #4] to be busy with chores, games, practicing sign language, completing puzzles, goal work, and/or coloring a picture, etc. She should never be expected to have an extended period of unstructured time." <p>QIDP #1 was interviewed on 9/20/23 at 9:40 am and stated, "Peer to peer aggression should be investigated. We would ask the staff what was happening, what they witnessed, and who was there. We would document injuries. We should review the behavior plan to look to see what triggers there are. Was there something we were doing that we know would upset them or what could we do to prevent it. Were staff following the behavior plan?"</p> <p>5. A BDDS report dated 12/20/22 indicated the following: "[Client #5] was in the break room having snack</p> 						

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

PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-039

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 09/22/2023	
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 DEFICIENCY (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
	<p>(pretzels). (Day program) staff was sitting next to [client #5] monitoring her eating since [client #5] tends to eat too fast. [Client #5] had put too much in her mouth and couldn't finish swallowing. [Client #5] started choking. Staff bent [client #5] at the waist and gave her back blows until all the food had come out."</p> <p>The review included an undated investigative note indicating a review of client #5's choking risk plan, a recommendation to monitor for signs of aspiration, and a recommendation client #5 no longer eat pretzels.</p> <p>The investigative note did not include the dates of the investigation, the name and title of the investigator, interviews with client #5 or staff present at the time of the incident, the findings of the investigation, or recommendations to prevent future occurrence.</p> <p>Client #5's record was reviewed on 9/19/23 at 1:00 pm.</p> <p>Client #5's high risk plan dated August 2023 indicated the following:</p> <p>"One or more choking or suspected choking incidents in the past 5 years.</p> <ul style="list-style-type: none"> - Staff will provide an easy to chew diet with thin liquids.... - Staff will monitor resident while eating and drinking at all times.... - Staff will provide a calm, quiet environment, free from distractions during meals and snacks. - Staff will provide close supervision while eating and encourage resident to use a small spoon, take small bites, chew slowly and take time to swallow each bite. Staff will encourage resident to put eating utensil down between bites to promote a safe rate of food consumption. - Staff will eliminate distractions and keep resident focused on talk by giving directions as needed, 						

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

PRINTED: 10/24/2023

FORM APPROVED

OMB NO. 0938-039

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 09/22/2023	
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
	<p>until she has finished swallowing each mouthful.... - If resident is unable to speak, cough, or breathe, begin performing back blows and abdominal thrusts, call 911 if unable to clear airway as trained in CPR class...."</p> <p>Residential Director (RD) #1 was interviewed on 9/20/23 at 10:15 am and stated, "The investigation starts with the QIDP. It may involve nursing, HR (human resources) and myself. It depends on the scope of the incident. Whenever I see 2 similar incidents, I conduct my own investigation separate from the QIDP." RD #1 stated, "Peer to peer is investigated as abuse. Investigations should include a review of the Behavior Support Plan (BSP) to determine what happened." RD #1 indicated incidents of choking should be investigated. RD #1 stated, "When there are falls, we need to review the incident report, anything in the communication log, the BDDS report. We need to interview staff who were on duty and anyone who witnessed the falls. It should include an interview with the resident involved. It should review the risk plan to determine if the plan was implemented."</p> <p>Chief Executive Officer (CEO #1) was interviewed by phone on 9/21/23 at 4:15 pm and stated, "The QIDP should do the investigation for peer to peer aggression. The incident report should list everyone who has knowledge. She's supposed to interview everyone who might have seen it. She should review the BSP. Determine if it was part of a known issue and what were the steps to be taken. Were those steps taken? If not, why not? Is there a need for extra training? Does the plan need to be updated? After the plan is updated, all of the needed signatures and training of all of the staff on that new plan would have to occur." CEO #1 stated, "The QIDP would start the</p>						

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

PRINTED: 10/24/2023

FORM APPROVED

OMB NO. 0938-039

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 09/22/2023	
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 DEFICIENCY (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 0154 Bldg. 00	<p>investigation for falls. She should look for trends. Do we need to make changes to make it safer." CEO #1 indicated choking incidents should be investigated.</p> <p>The facility's undated abuse, neglect, mistreatment, and exploitation policy was reviewed on 9/19/23 at 1:00 pm and did not include a policy or investigative procedure for allegations of abuse, neglect, and mistreatment of clients served by the facility.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 8 of 16 allegations of abuse and neglect reviewed affecting clients #1, #2, #3, #4, and #5, the facility failed to thoroughly investigate 3 falls with suspected or actual injury for client #1, 1 fall with injury for client #2, 1 choking incident for client #3, 2 allegations of peer to peer aggression by client #4 towards client #1, and 1 incident of choking for client #5.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 9/18/23 at 2:15 pm.</p> <p>1a. A BDDS report dated 3/16/23 indicated the following: "On 3/15/23 [client #1] was sitting at the kitchen table finishing her breakfast. One staff [Qualified Intellectual Disabilities Professional (QIDP) #1]</p>			W 0154	<p>It will be the responsibility of QIDP to thoroughly investigate all alleged violations of clients' health and safety, which includes falls, choking, peer- to peer aggression and any forms of alleged abuse. For any allegations that include staff it will be the responsibility of the HR department along with the Residential Director to complete timely and thorough investigations. All investigations will include times, interview of client/s involved, interview of staff involved, review of risk plan, review of behavior plan, diet plans, and healthcare plan (if needed), findings of the investigation, identifying any trends, recommendations to prevent future occurrences and names of administrators that reviewed the</p>		10/20/2023

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

PRINTED: 10/24/2023

FORM APPROVED

OMB NO. 0938-039

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 09/22/2023	
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 DEFICIENCIES (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
	<p>was in the medication room passing meds (medications) the other was in the living room monitoring clients. [Client #1] fell out of her chair and spilled her coffee. Staff checked her for injuries and asked if she hit her head. She said yes, and [RN (registered nurse) #1] was called to come and examine her. After she was assessed by the nurse, it was determined that she should go to the ER (emergency room). [Client #1] complained of pain, and to avoid any further injuries, 911 was called, and [client #1] was taken to the ER in an ambulance. At the ER, they did x-rays, and she was given Tylenol (pain reliever) at 9:24 am. The x-rays showed an old spine fracture from long ago...."</p> <p>- The review indicated client #1 did not sustain any new fractures in her fall.</p> <p>- The review did not include an investigation of client #1's fall.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 9/20/23 at 9:40 am and indicated client #1's fall should have been investigated.</p> <p>1b. A BDDS report dated 8/27/23 indicated the following: "On 8/26/23, [client #1] was spending time in her room and staff heard her yelling and crying. They went to her room and found her on the floor. She had an instant bump that was 1 1/2 inches by 2 inches big on her forehead between the bridge of her nose and right eyebrow. [Client #1] also had a bloody nose. [Client #1] was having a hard time telling them what had happened. She was to (sic) upset. ... I took her to [name] ER in [town]. While there she had a CT (computerized tomography) scan of her face, neck, and spine. [Client #1] has a nondisplaced fracture of the nose. They also stated that she had a sinus infection that was</p>				<p>completed investigation.</p> <p>In the future it will be the responsibility of the QIDP to implement thorough investigations which will include times and dates, interview of client(s) involved, interview of staff involved, review of the risk plan, review of the behavior plan, diet plans, and healthcare plan (if needed), findings of the investigation, identifying any trends, recommendations to prevent future occurrences and the name(s) of administrators that reviewed the completed investigation.</p>		

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

PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-039

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 09/22/2023	
NAME OF PROVIDER OR SUPPLIER ARC OPPORTUNITIES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 0170 W 300 N HOWE, IN 46746			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>detected in the CT scan.... Once [client #1] was calm, we were able to talk about what happened. She said she fell out of her bed and hit her face. There was a pair of pants on her bed that looked like she was attempting to put (sic) a (sic) extra pair of pants. She likes to layer her clothes."</p> <p>An undated Incident Investigation Report indicated the investigation began on 8/26/23. The investigation included interviews with 2 staff members. The investigation did not include an interview with client #1, a review of her fall risk plan, the findings of the investigation, or recommendations to prevent future occurrence. The investigation did not include the date it was completed or names of reviewing administrators.</p> <p>QIDP #1 was interviewed on 9/20/23 at 9:40 am and stated, "The QIDP fills out the investigation form of what the staff said. I did look at the plans, but I do not document it."</p> <p>1c. A General Event Report (GER) dated 9/3/23 indicated the following: "[Client #1] screamed and was lying face first on the floor. [Client #1] fell from her bed and landed face first."</p> <p>The review did not include an investigation of client #1's fall from bed.</p> <p>QIDP #1 was interviewed on 9/20/23 at 9:40 am and stated, "[Client #1] did fall out of bed again, but she was not injured. We asked her guardians if we could lower her bed. It was approved and has been lowered to the ground. We had a house training and reviewed her falls." QIDP #1 indicated there was no investigation for client #1's fall on 9/3/23.</p>						

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

PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-039

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 09/22/2023	
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 DEFICIENCIES (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
	<p>2. On 9/11/23 [QIDP #1] took [client #2] to [name] ER because [client #2] was stating her left wrist was hurting. QIDP was informed that [client #2] was on a walk yesterday (9/10/23) and fell forward. She did not hit her head and was able to catch herself on her hands and knees. She had minor visible injuries and did not hit her head. Q (QIDP) on call was notified that day and went to observe her. She was given Tylenol and basic first aid for the small scrapes on her knees. The next day, [client #2] was saying her left wrist was hurting. Nursing called her doctor and was instructed to take her to the ER for an x-ray. She received a tetanus shot while she was there and the x-ray did show a slight radial fracture. She was given a temporary splint and 1000 mg (milligrams) of Tylenol."</p> <p>An undated Incident Investigation Report indicated the investigation began on 9/11/23. The investigation included interviews with 2 staff members.</p> <p>The investigation did not include an interview with client #2, a review of her fall risk plan, the findings of the investigation, or recommendations to prevent future occurrence. The investigation did not include the date it was completed, a name or signature of the investigator, or names of reviewing administrators.</p> <p>QIDP #1 was interviewed on 9/20/23 at 9:40 am and stated, "Staff were using the gait belt. [Client #2] fell forward and staff tried to soften the fall. We determined staff did implement the risk plan correctly. We talked about walking in safe areas. If it's a long walk, we have a wheelchair or two staff."</p> <p>3. A BDDS report dated 7/20/23 indicated the</p>						

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

PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-039

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 09/22/2023	
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 DEFICIENCIES (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
	<p>following: "[Client #3] was eating lunch (at day program) and started turning red in the face and having trouble swallowing. She was eating pureed potato salad. Staff performed the Heimlich on her and gave her a drink. [Client #3] was able to swallow again and was taken to the ER for an assessment. [Client #3's] lungs were clear and the chest x-ray showed no signs of aspiration. [Client #3] returned to work at 2:30 pm."</p> <p>The review did not include an investigation of client #3's choking incident.</p> <p>QIDP #1 was interviewed on 9/20/23 at 9:40 am and indicated another administrative person had completed an investigation for client #3's choking incident. QIDP #1 indicated the investigation was not available at the time of the survey.</p> <p>4a. A BDDS report dated 4/14/23 indicated the following: "[Client #1] was sitting at the table finishing breakfast. Staff [Direct Support Professional (DSP) #5] saw [client #1] spill milk and start to go to change her clothes. [Client #4] started hitting [client #1] on the left arm multiple times."</p> <p>The review did not include an investigation of client #4's physical aggression towards client #1.</p> <p>4b. A BDDS report dated 8/20/23 indicated the following: "[DSP #1] was staff and was walking to the house with another housemate and heard [clients #4 and #1] yelling. She went to go investigate and saw [client #1] on the ground and [client #4] was standing near her still yelling. [DSP #1] resolved the conflict, so they stopped yelling, and, in talking with [client #1], she stated that [client #4]</p>						

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

PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-039

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 09/22/2023	
NAME OF PROVIDER OR SUPPLIER ARC OPPORTUNITIES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 0170 W 300 N HOWE, IN 46746			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>had pushed her but there was no one to witness the incident or push."</p> <p>An Incident Investigation Report dated 8/21/23 included an interview with DSP #5. The investigation did not include an interview with clients #1 and #4, a review of client #4's behavior Support Plan (BSP) or client #1's fall risk plan. The investigation did not indicate whether the allegation of physical abuse by client #4 was substantiated or recommendations to prevent future occurrence. The investigation did not indicate names of reviewing administrators.</p> <p>QIDP #1 was interviewed on 9/20/23 at 9:40 am and stated, "Peer to peer aggression should be investigated. We would ask the staff what was happening, what they witnessed, and who was there. We would document injuries. We should review the behavior plan to look to see what triggers there are. Was there something we were doing that we know would upset them or what could we do to prevent it. Were staff following the behavior plan?"</p> <p>5. A BDDS report dated 12/20/22 indicated the following: "[Client #5] was in the break room having snack (pretzels). (Day program) staff was sitting next to [client #5] monitoring her eating since [client #5] tends to eat too fast. [Client #5] had put too much in her mouth and couldn't finish swallowing. [Client #5] started choking. Staff bent [client #5] at the waist and gave her back blows until all the food had come out."</p> <p>The review included an undated investigative note indicating a review of client #5's choking risk plan, a recommendation to monitor for signs of aspiration, and a recommendation client #5 no</p>						

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

PRINTED: 10/24/2023

FORM APPROVED

OMB NO. 0938-039

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 09/22/2023	
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
	<p>longer eat pretzels.</p> <p>The investigative note did not include the dates of the investigation, the name and title of the investigator, interviews with client #5 or staff present at the time of the incident, the findings of the investigation, or recommendations to prevent future occurrence.</p> <p>Residential Director (RD) #1 was interviewed on 9/20/23 at 10:15 am and stated, "The investigation starts with the QIDP. It may involve nursing, HR (human resources) and myself. It depends on the scope of the incident. Whenever I see 2 similar incidents, I conduct my own investigation separate from the QIDP." RD #1 stated, "Peer to peer is investigated as abuse. Investigations should include a review of the Behavior Support Plan (BSP) to determine what happened." RD #1 indicated incidents of choking should be investigated. RD #1 stated, "When there are falls, we need to review the incident report, anything in the communication log, the BDDS report. We need to interview staff who were on duty and anyone who witnessed the falls. It should include an interview with the resident involved. It should review the risk plan to determine if the plan was implemented."</p> <p>Chief Executive Officer (CEO #1) was interviewed by phone on 9/21/23 at 4:15 pm and stated, "The QIDP should do the investigation for peer to peer aggression. The incident report should list everyone who has knowledge. She's supposed to interview everyone who might have seen it. She should review the BSP. Determine if it was part of a known issue and what were the steps to be taken. Were those steps taken? If not, why not? Is there a need for extra training? Does the plan need to be updated? After the plan is updated, all of the needed signatures and training of all of the</p>						

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

PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-039

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 09/22/2023	
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
	staff on that new plan would have to occur." CEO #1 stated, "The QIDP would start the investigation for falls. She should look for trends. Do we need to make changes to make it safer." CEO #1 indicated choking incidents should be investigated. 9-3-2(a)						