

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G202	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/12/2014
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NAME OF PROVIDER OR SUPPLIER KNOX COUNTY ARC - BICKNELL 1	STREET ADDRESS, CITY, STATE, ZIP CODE 628 W 7TH ST BICKNELL, IN 47512
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 9, 10, 11, 12, 2014</p> <p>Provider Number: 15G202 Aims Number: 100243240 Facility Number: 000732</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/19/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the governing body failed to exercise operating direction over the facility to provide a safe and clean environment for 7 of 7 clients (#1, #2, #3, #4, #5, #6, #7) living in the group home.</p>	W000104	<p><u>W104</u> Plan of Correction: Work orders were put in for both theremoval of the old door and also the removal of the mold in the bathroom.Managers will be retrained on ensuring a work order is in place for areas ofconcerns in the environment. Staff will also be</p>	01/11/2015

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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W000159	<p>Findings include:</p> <p>An observation of clients #1, #2, #3, #4, #5, #6 and #7 (at the group home) was done on 12/11/14 from 6:29a.m. to 7:34a.m. The observation included the following environmental condition: the bathroom, on the right side of the home, had black mold on the walls and ceiling surrounding the bathtub; there was an old wood door frame with nails protruding through the wood that was stored next the main client entrance/exit to the group home.</p> <p>Interview of staff #3 (home manager) on 12/11/14 at 7:28a.m. indicated it appeared to be black mold around the bathtub. Staff #3 indicated the old door frame had been stored by the main entrance for awhile. Staff #3 indicated she was not aware of any work orders in regard to the mold and the removal of the door frame.</p> <p>9-3-1(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview,</p>	W000159	<p>retrained on this process.</p> <p>Preventive Action: Managersand Maintenance will complete monthly checks of the home to ensure that allissues are being addressed and no new ones arise.</p> <p>Monitoring: Manager will be in the home at least 3Xs a weekto ensure all home environment issues are taken care of properly.</p> <p>Responsible Party: Managerand Assistant Residential Coordinator Date to be completed: January 11, 2015</p> <p><u>W159</u></p>	01/11/2015			

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	<p>the facility failed for 3 of 4 sampled clients (#2, #3, #4) to ensure each client's active treatment program was coordinated and monitored by the facility's qualified intellectual disabilities professional (QIDP), by the QIDP not ensuring clients' need for programming for refusal of physician ordered full time wear eyeglasses was addressed (#2, #4) and client behavior medication was addressed in a plan of reduction (#3).</p> <p>Findings include:</p> <p>1. Observations were done at the group home on 12/10/14 from 4:04p.m. to 5:30p.m. and on 12/11/14 from 6:29a.m. to 7:34a.m. Observations were done at the facility day program on 12/11/14 from 8:34a.m to 9:28a.m. and at 11:28a.m. Clients #2 and #4 did not wear nor were they prompted to wear eyeglasses during the observations.</p> <p>Record review of client #2 was done on 12/11/14 at 10:24a.m. Client #2's 6/7/14 eye exam indicated client #2 had physician prescribed "new" eyeglasses for "full time wear." Client #2's individual program plan (IPP) was dated 8/1/14. Client #2's IPP did not have documentation of a training program in place to address client #2's refusal to wear prescribed eyeglasses.</p>		<p>Plan of Correction: Eye glasses objectives will be added to Client #2 and #4 IPP fortracking of non-compliance in wearing eyeglasses. Client #3 will get a plan ofreduction statement added to her BSP. Manager will be retrained on theimportance of implementing new IPP objectives for areas identified as trainingneeds. Manager will also be retrained to ensure the updating of all BSPbehavior medications as they change.</p> <p>Preventive Action: Eye glasses objectives will be added to Client #2, #3 and #4 IPP fortracking of non-compliance in wearing eyeglasses. Client #3 will get a plan ofreduction statement added to her BSP. Manager will be retrained on theimportance of implementing new IPP objectives for areas identified as trainingneeds. Manager will also be retrained to ensure the updating of all BSPbehavior medications as they change.</p> <p>The QIDP or the designee will visit the home on a weeklybasis for a three month period, then after that three month period it will be on a bi weekly basis. While in the homethey will make sure that staff are trained on the current active treatmentprogram and are following it. The QIDP or designee will also visit the DayService area to make sure that follow through is happening while in the DayProgram. The QIDP or designee will submit a</p>				

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	<p>Record review of client #4 was done on 12/11/14 at 9:28a.m. Client #4's 4/10/14 eye exam indicated client #4 had physician prescribed eyeglasses and indicated "wear them full time." Client #4's IPP was dated 11/1/14. Client #4's IPP did not have documentation of a training program in place to address client #4's refusal to wear prescribed eyeglasses.</p> <p>2. Review of the record of client #3 was done on 12/11/14 at 10:52a.m. Client #3's 11/1/14 BSP indicated client #3's diagnosis included, but was not limited to, Autism. Physician's orders on 9/24/14 indicated client #3 received the behavior control medications Invega and Diphenhydramine. The BSP failed to include the behavior control medications in a plan which included withdrawal criteria.</p> <p>Staff #1 (QIDP) was interviewed on 12/11/14 at 11:15a.m. Staff #1 indicated client #3 did not have her current behavior control medication addressed in a plan of reduction. Staff #1 indicated clients #2 and #4 had physician ordered eyeglasses to be worn "full time." Staff #1 indicated clients #2 and #4 had a history of refusal to wear their eyeglasses. Staff #1 indicated there was no</p>		<p>monthly report to the Director of Residential Services with their findings, training, and observation notes.</p> <p>Responsible Party: Manager and Assistant Residential Coordinator Date to be completed: January 11, 2015</p>	

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W000312	<p>documentation clients #2 and #4's refusal to wear eyeglasses had been addressed. Staff #1 indicated the QIDP was responsible for the coordination and monitoring of the inclusion of a plan of reduction for client behavior medication and ensuring identified client programming needs were addressed.</p> <p>9-3-3(a)</p> <p>483.450(e)(2) DRUG USAGE 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. Based on record review and interview, the facility failed for 1 of 3 sampled clients (#3) who took behavior control drugs, to ensure the behavior control medication was part of client #3's individual support plan (ISP)/behavior support plan (BSP) which included a plan of reduction.</p> <p>Findings include:</p> <p>Review of the record of client #3 was done on 12/11/14 at 10:52a.m. Client #3's 11/1/14 BSP indicated client #3's</p>	W000312	<p><u>W312</u></p> <p>Plan of Correction: Client #3 will get a plan of reduction statement added to her BSP. Manager will also be retrained to ensure the updating of all BSP behavior medications as they change. Manger will also be retrained on making sure that all BSPs written by an outside agency address the medication reduction plans.</p> <p>Preventive Action: Manager will also be retrained to ensure the updating of all BSP behavior medications as they change. Manger will also be retrained on making sure that all</p>	01/11/2015

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W000322	<p>diagnosis included, but was not limited to, Autism. Physician's orders on 9/24/14 indicated client #3 received the behavior control medications Invega and Diphenhydramine. The BSP failed to include the behavior control medications in a plan which included withdrawal criteria.</p> <p>Interview of professional staff #1 on 12/11/14 at 11:15a.m. indicated client #3 did not have her current behavior control medication addressed in a plan of reduction.</p> <p>9-3-5(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#3) to ensure client #3 received an annual physical.</p> <p>Findings include:</p> <p>Record review for client #3 was done on 12/11/14 at 10:52a.m. Client #3's most recent documented annual physical was dated 2/1/12.</p>	W000322	<p>BSPs written by an outside agency address the medication reduction plans. Monitoring-QIDP or designee will monitor all BSP to ensure accurate medications that are used for restrictive intervention are included in the BSP, to have an accurate plan of reduction.</p> <p>Responsible Party: Manager, Assistant Residential Coordinator, Date to be completed: January 11, 2015</p> <p><u>W322</u> Plan of Correction: Client #3 will have an appointment scheduled for her annual physical. Manager will be retrained on the importance of making sure all annual appointments are done on time. Preventive Action: Manager will keep a running list of annual dates to know when upcoming appointments are about to expire. Assistant Residential Coordinator will also ensure that this list is kept up to date with the new</p>	01/11/2015			

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W000352	<p>Interview of staff #2 (nurse) on 12/11/14 at 11:15a.m. indicated client #3's most recent documented annual physical was 2/1/12. Staff #2 indicated it had been over a year since client #3's last documented annual physical.</p> <p>9-3-6(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview, the facility failed for 1 of 4 sample clients (client #3) to ensure client #3 had an annual dental visit.</p> <p>Findings include:</p> <p>The record of client #3 was reviewed on 12/11/14 at 10:52a.m. Client #3's most recent documented dental visit was on 6/10/13.</p> <p>Staff #2 (nurse) was interviewed on 12/11/14 at 11:15a.m. Staff #2 indicated client #3 had not had a dental exam since the 6/10/13 exam. Staff #2 indicated client #3 was past due for her annual dental exam.</p>	W000352	<p>appointments. Monitoring: Nurse will review the list monthly to ensure that all appointments that are due to expire have been scheduled and that adequate supports are in place to ensure the appointment happens. Responsible Party: Manager, Assistant Residential Coordinator, Nurses Date to be completed: January 11, 2015</p> <p><u>W352</u> Plan of Correction: Client #3 will have a dental exam scheduled. Manager will be retrained on the importance of making sure all annual appointments are done on time. Preventive Action: Manager and Nurse will keep a running list of annual dates to know when upcoming appointments are about to expire. Assistant Residential Coordinator will also ensure that this list is kept up to date with the new appointments. Monitoring: Manager will review the list monthly to ensure that all appointments that are due to expire have been scheduled and that adequate supports are in place to ensure the appointment happens. Responsible Party:</p>	01/11/2015

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W000436	<p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients (#2, #4) with adaptive equipment, to provide clients #2 and #4 with training for their refusal to wear their prescribed eyeglasses.</p> <p>Findings include:</p> <p>Observations were done at the group home on 12/10/14 from 4:04p.m. to 5:30p.m. and on 12/11/14 from 6:29a.m. to 7:34a.m. Observations were done at the facility day program on 12/11/14 from 8:34a.m to 9:28a.m. and at 11:28a.m. Clients #2 and #4 did not wear nor were they prompted to wear eyeglasses during the observations.</p> <p>Record review of client #2 was done on 12/11/14 at 10:24a.m. Client #2's 6/7/14 eye exam indicated client #2 had</p>	W000436	<p>Manager, Assistant Residential Coordinator, Nurses Date to be completed: January 11, 2015</p> <p><u>W436</u> Plan of Correction: Eye glasses objectives will be added to Client #2 and #4 IPP for tracking of non-compliance in wearing eyeglasses. Manager will be retrained on the importance of implementing new IPP objectives for areas identified as training needs. Preventive Action: :Eye glasses objectives will be added to Client #2 and #4 IPP for tracking of non-compliance in wearing eyeglasses. Manager will be retrained on the importance of implementing new IPP objectives for areas identified as training needs. Monitoring: Manager will be in the home at least 3Xs a week to ensure programming is being implemented. Responsible Party: Manager and Assistant Residential Coordinator Date to be completed: January 11, 2015</p>	01/11/2015

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	<p>physician prescribed "new" eyeglasses for "full time wear." Client #2's individual program plan (IPP) was dated 8/1/14. Client #2's IPP did not have documentation of a training program in place to address client #2's refusal to wear prescribed eyeglasses.</p> <p>Record review of client #4 was done on 12/11/14 at 9:28a.m. Client #4's 4/10/14 eye exam indicated client #4 had physician prescribed eyeglasses and indicated "wear them full time." Client #4's IPP was dated 11/1/14. Client #4's IPP did not have documentation of a training program in place to address client #4's refusal to wear prescribed eyeglasses.</p> <p>Interview on 12/11/14 at 11:32a.m. of direct care staff #4, indicated client #4 never wears or brings his eyeglasses to the day service.</p> <p>Interview on 12/11/14 at 11:38a.m. of direct care staff staff #5, indicated she hasn't seen client #2 wear eyeglasses during the past 3 months.</p> <p>Interview of professional staff #1 (qualified intellectual disabilities professional, QIDP) on 12/11/14 at 11:15a.m. indicated clients #2 and #4 had eyeglasses prescribed for full time wear.</p>			

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	Staff #1 indicated clients #2 and #4 often refused to wear their eyeglasses. Staff #1 indicated clients #2 and #4 did not have training programs in place to address their refusal of wearing eyeglasses. 9-3-7(a)				