

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G689	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/15/2014
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NAME OF PROVIDER OR SUPPLIER  KNOX COUNTY ARC	STREET ADDRESS, CITY, STATE, ZIP CODE 2918 E ARC AVE BLDG 101 VINCENNES, IN 47591
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W000000	This visit was for the annual recertification and state licensure survey.  Dates of Survey: April 7, 8, 9, 11 and 15, 2014  Facility Number: 002939 Provider Number: 15G689 AIMS Number: 200333130  Surveyor: Jo Anna Scott, QIDP	W000000		
W000227	These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/23/14 by Ruth Shackelford, QIDP. 483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.  Based on observation, record review and interview for 1 of 4 sampled clients (client #3), the client's ISP (Individual Program Plan) failed to specifically address the client's identified behavioral need in regards to stealing food.  Findings include:  The evening observation period was conducted on 4/7/14 from 4:15 PM to 7:30 PM. Client #3 was eating chips and went to the kitchen at 4:30 PM to get more. Staff #4,	W000227	<u>W227</u> Plan of Correction: It was discovered during the state survey that an individual had a behavior that was not addressed in her current BSP. The deficiency will be addressed in her BSP and a training objective will be created to address it in her IPP. No individuals were affected by this deficient practice. Manager will be retrained on when to update an individual's IPP, including addressing all health and safety behaviors. BSP	05/15/2014

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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	<p>HM (Home Manager) prompted her to wait but client #3 proceeded to take chips to the table and pour a large bowl full of chips. Staff did prompt client #3 to take small bites but she continued to stuff the entire chip into her mouth. At 4:55 PM client #3 went to the kitchen to get more to eat. Staff #5 did try to block, but client #3 got a box of crackers and ate some after staff #5 had poured them into a bowl. At 5:07 PM client #3 went back into kitchen and got more crackers. Staff #6 assisted client #3 with pouring the crackers into her bowl.</p> <p>The evening meal was served at 6:05 PM. The evening meal consisted of a tenderloin, mashed potatoes, carrots, biscuit and peach crisp. At 6:35 PM client #3 grabbed the tenderloin from staff #5's plate and stuffed the entire piece into her mouth. Staff #5 was assisting a client on the other side of the table and had moved away from her plate. Staff #6, sitting on other side of client #3, prompted client #3 to chew. Client #3 chewed the food for just a second and then swallowed the piece whole. Staff #5 turned to the home manager and said, "What do we do? She grabbed my tenderloin and stuffed it into her mouth." The home manager got up to assist when client #3 regurgitated the food onto her plate and proceeded to pick it up and eat it again. She swallowed the piece of meat without further incident. The home manager prompted staff #5 to encourage client #3 to take a drink.</p> <p>The record review for client #3 was conducted on 4/8/14 at 3:20 PM. The nutritional assessment dated 2/10/14 for client #3 indicated the diet was a regular diet, bite size pieces including meat with supervision, no raw fruit or vegetables. The</p>				<p>will be updated to address the issues of obsession with food and stealing from others plates. Staff will be retrained on following all BSP plans and recommended interventions. Preventive Action: Manager will be retrained on when to update an individual's IPP, including addressing all health and safety behaviors. BSP will be updated to address the issues of obsession with food and stealing from others plates. Staff will be retrained on following all BSP plans and recommended interventions. Monitoring: Manager will be in the home at least 3xs a week to monitor and ensure all programming is in place. Residential Coordinator and Assistant Residential coordinator will be in the home at least 2X a week to ensure all programming is being followed Responsible Party: Manager Date to be completed: 5/15/2014</p>		

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W000242	<p>Individual Program Plan (IPP) dated 6/1/13 also indicated regular diet, all bite-size, no raw fruits and vegetables, protein powder with meals, uses a rim plate, feeds self, and aspiration precaution.</p> <p>The Behavior Support Plan (BSP) dated 2-27-14 failed to address the client's obsession with food and the stealing of food from the plates of others.</p> <p>Interview with staff #4, HM, on 4/8/14 at 8:00 AM stated client #3 "fixated" on food and staff was supposed to be sure she could not grab it from other plates.</p> <p>Interview with administrative staff #2 on 4/8/14 at 1:30 PM indicated the home had all new staff. Administrative staff #2 indicated the client should not have been able to steal the food from staff's plate. Administrative staff #2 indicated the behavior of client #3 grabbing food from staff's plate was addressed in consumer specific training before the staff worked with the client.</p> <p>9-3-4(a) 483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview for 4 of</p>	W000242	<p><u>W242</u> Plan of Correction: During the state</p>	05/15/2014

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	<p>4 sampled clients (clients #1, #2, #3 and #4), the facility failed to address the clients' need for dental hygiene.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 4/9/14 at 11:56 AM. The IPP (Individual Program Plan) dated 6/1/13 indicated the following training objectives:1. Help start a load of laundry once a week on his laundry day. 2. Mop the kitchen one time a week. 3. Identify pictures of himself and family. 4. Purchase a drink from a vending machine once weekly. 5. Sign his name/legal mark daily. 6. Exercise 10 minutes daily. 7. Staff will read and discuss a current event. 8. Assist in preparation of at least one meal per week. 9. Will use a switch to communicate "I would like to go outside, please." 10. Go out into the community a minimum of 2 times per month. 11. Shave with an electric razor once daily.</p> <p>The record review for client #2 was conducted on 4/9/14 at 2:09 PM. The IPP dated 6/1/13 for client #2 indicated the following training objectives: 1. Will use ASL (American Sign Language), sign for "Drink" to indicated she needs to toilet. 2. Listen to the news on the radio once daily. 3. Wash her hands before meals. 4. Repeat simple 3 letter words while using braille. Examples cat, dog, and red. 5. Participate in three community outing per month. 6. Get out of her wheelchair and transfer to a surface of her choice at least three times</p>		<p>survey it was discovered that the individuals did not have an objective addressing dental hygiene. No individuals were affected by the deficient practices. Manager will be retrained on when to update an individual's IPP and address training needs. IPPs will be updated to include a training objective for dental hygiene.</p> <p>Preventive Action: Manager will be retrained on when to update an individual's IPP and address training needs. IPPs will be updated to include a training objective for dental hygiene.</p> <p>Monitoring: Manager will be in the home at least 3xs a week to monitor and ensure all programming is in place. Residential Coordinator and Assistant Residential coordinator will be in the home at least 2X a week to ensure all programming is being followed</p> <p>Responsible Party: Manager, Assistant Residential Coordinator, Residential Coordinator Date to be completed: 5/15/2014</p>				

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	<p>daily for a minimum of one hour each time.</p> <p>7. Assist in the preparation of at least one meal per week.</p> <p>8. Shave at least once weekly.</p> <p>The record review for client #3 was conducted on 4/8/14 at 3:20 PM. The IPP dated 6/1/13 indicated the following training objectives:</p> <ol style="list-style-type: none"> <li>1. Pick up her dirty clothes off of bathroom floor after her shower.</li> <li>2. Participate in a group activity for 5 minutes.</li> <li>3. Will be given 2 pictures and choose the stop sign.</li> <li>4. Will exercise 5 minutes 3 times a day.</li> <li>5. Will write her name/or legal mark daily.</li> <li>6. Participate in at least two community outings per month.</li> <li>7. Help prepare at least one meal per week.</li> <li>8. Respond appropriately to redirection when trying to move a chair to the kitchen or when trying to climb on a chair to get to something.</li> <li>9. Will shave at least once weekly.</li> </ol> <p>The record review for client #4 was conducted on 4/8/14 at 1:06 PM. The IPP dated 6/1/13 with an addendum dated 10/1/13 indicated the following training objectives:</p> <ol style="list-style-type: none"> <li>1. Wet her hair during shower time.</li> <li>2. Vacuum the living room once weekly.</li> <li>3. Participate in a group activity for 5 minutes daily.</li> <li>4. Complete a budget sheet weekly.</li> <li>5. Distinguish between a med (medicine) and a non med during med pass once daily.</li> <li>6. Write her name once daily.</li> <li>7. Help prepare 1 item for a meal per week.</li> <li>8. Shave at least once weekly during her shower.</li> <li>9. Go out into the community a minimum of</li> </ol>						

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W000249	<p>2 times per month.</p> <p>The IPP training objectives for clients #1, #2, #3 and #4 failed to address the need for dental hygiene.</p> <p>Interview with administrative staff #3 on 4/11/14 at 12:30 PM indicated the training objectives are written from the functional assessments. Administrative staff #3 stated the form they are using for the functional assessment isn't meeting the needs of their clients and they needed to find a new one or to "think out of the box" when writing the objectives.</p> <p>9-3-4(a) 483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (client #2), the facility failed to use ASL (American Sign Language) sign to implement the client's objective.</p> <p>Findings include:</p> <p>During the observation periods on 4/7/14 from 4:15 PM to 7:30 PM and on 4/8/14 from 5:00 AM to 7:47 AM, client #2 was not asked to sign if she wanted to go to the bathroom or to sign if she wanted a drink.</p>			W000249	<p><u>W249</u></p> <p>Plan of Correction: The facility will contact the Speech Pathologist for basic ASL, to train the staff in the home to use. None of the individuals were affected by the deficient practices. Staff will be retrained on implementing individuals training objectives. Staff will be retrained on the importance of implanting the training objectives formally and informally.</p> <p>Preventive Action: Staff will be</p>		05/15/2014

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W000382	<p>The record review for client #2 was conducted on 4/9/14 at 2:09 PM. The Individual Program Plan (IPP) dated 6/1/13 indicated client #2 had the following goal: "[Client #2] will use ASL sign for 'Drink' to indicate that she needs to toilet."</p> <p>Interview with administrative staff #2 and #3 on 4/9/14 at 3:00 PM indicated the sign listed in the IPP and data sheet was a typo (typographical error) and it should be the sign for bathroom. Administrative staff #2 and #3 indicated staff should have used the ASL sign for bathroom during the observation.</p> <p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8), the facility failed to keep the topical medications locked.</p> <p>Findings include:</p> <p>The medication administration was observed on 4/9/14 from 5:00 AM to 6:50 AM. Staff #5 passed medication to client #2 at 5:10 AM, client #7 at 5:35 AM and client #5 at 5:50 AM. Staff #5 had to leave the room to push client #5's wheelchair to another room and locked the medication cart with the pills, but did not lock the cabinet containing the topicals. The topicals for clients #1, #2, #3, #4, #5, #6, #7</p>	W000382	<p>retrained on implementing individuals training objectives. Staff will be retrained on the importance of implanting the training objectives formally and informally.</p> <p>Monitoring: Manager will be in the home at least 3xs a week to monitor and ensure all programming is in place, Residential Coordinator and Assistant Residential coordinator will be in the home at least 2X a week to ensure all programming is being followed</p> <p>Responsible Party: Manager, Assistant Residential Coordinator, Residential Coordinator</p> <p>Date to be completed: 5/15/2014</p> <p><b><u>W382</u></b> Plan of Correction: Staff will be retrained on the medication administration policy. Staff will also be retrained on locking up all medications before leaving them unattended. Preventive Action: Staff will be retrained on the medication administration policy. Staff will also be retrained on locking up all medications before leaving them unattended. Monitoring: Manager will be in the home at least 3xs a week to monitor and ensure all programming is in place. Residential Coordinator and Assistant Residential coordinator will be in the home at least 2X a week to ensure all</p>	05/15/2014	

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W000454	<p>and #8 were kept in the cabinet with a padlock.</p> <p>Interview with staff #4 on 4/9/14 at 8:00 AM indicated the medicine cart and the medicine cabinet should be locked when staff leave the room.</p> <p>9-3-6(a) 483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation and interview for 4 of 4 sample clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8), the facility failed to ensure the dining tables were cleaned before setting the table for dinner.</p> <p>Findings include:</p> <p>During the observation period on 4/7/14 from 4:15 PM to 7:30 PM, clients #2, #3, #4, #5, #6, #7 and #8 were sitting at the dining room tables doing activities. At 5:50 PM staff prompted clients to start washing hands and to get plates, silverware and glasses out for dinner. The games and coloring activities were picked up and put into the cabinet, clients went to the restroom to wash hands, and returned to dining area. Staff handed the plates to client #6 and with staff assistance client #6 started putting the plates around the tables. The tables were not cleaned before client #6 put the plates on the tables and the food was served to clients #1, #2, #3, #4, #5, #6, #7 and #8.</p>	W000454	<p>programming is being followed. Nurses will be in the home at least once a week for observation. Responsible Party: Managers, Nurses, Assistant Residential Coordinator, Residential Coordinator Date to be completed: 5/15/2014</p> <p><u>W454</u> Plan of Correction: Staff will be retained on universal precautions and the importance of a clean environment. Staff will be retrained on hand washing, and ensuring tables are cleaned before serving food. Preventive Action: Staff will be retained on universal precautions and the importance of a clean environment. Staff will be retrained on hand washing, and ensuring tables are cleaned before serving food. Monitoring: Manager will be in the home at least 3xs a week to monitor and ensure all programming is in place. Residential Coordinator and Assistant Residential coordinator will be in the home at least 2X a week to ensure all programming is being followed. Nurses will be in the home at least once a week for observation. Responsible Party: Manager, Assistant Residential Coordinator, Residential Coordinator Date to be</p>	05/15/2014	

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W009999	<p>Interview with staff #3 on 4/7/14 at 7:00 PM indicated the tables should have been wiped off before they put the plates on the tables.</p> <p>9-3-7(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-1(b) Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division. (15.) A fall resulting in injury, regardless of the severity of the injury.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #2), the facility failed to report a fall with injury to BDDS (Bureau of Developmental Disability Services) within 24 hours.</p> <p>Findings include:</p> <p>The record review for client #2 was conducted on 4/9/14 at 2:09 PM. A nursing note dated 2/13/14 to the doctor indicated "[Client #2] had a fall over the weekend and hit left side of her face. Yesterday there was a small bruise on left cheek. Today, cheek is swollen and a large bruise and she has a black eye. May we get an x-ray of her cheek/orbit?" The x-ray results dated 2/17/14</p>	W009999	<p>completed: 5/15/2014</p> <p><u>W9999</u> Plan of Correction: Investigation team will be retrained on the reportable incident policy. Team will also be retrained on reporting all incidents in accordance with all State and Federal guidelines. Preventive Action: Investigation team will be retrained on the reportable incident policy. Team will also be retrained on reporting all incidents in accordance with all State and Federal guidelines. Monitoring: Director of Residential and Adult Day Services, Residential Coordinator Responsible Party: Investigation Team Date to be completed: 5/15/2014</p>	05/15/2014	

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	<p>indicated no broken bone.</p> <p>Interview with administrative staff #4 on 4/9/14 at 3:00 PM indicated the fall with injury should have been reported.</p> <p>9-3-1(b)</p>			