

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G623	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/04/2016
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NAME OF PROVIDER OR SUPPLIER  KNOX COUNTY ARC - BICKNELL 2	STREET ADDRESS, CITY, STATE, ZIP CODE 410 LIBERTY BICKNELL, IN 47512
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(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
W 0000  Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: April 26, 28, 29 and May 2, 4, 2016</p> <p>Provider Number: 15G623 Aims Number: 100249470 Facility Number: 001182</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/11/16.</p>	W 0000		
W 0262  Bldg. 00	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, the facility's Human Rights Committee (HRC) failed for 1 of 1 sampled client (#3) with behavior management medications to ensure the client's individual program plan (IPP) (including</p>	W 0262	The IPP will be sent through the next HRC meeting on 5/25/2016. All IPP's will be reviewed by the QIDP or designee to ensure albehavior medications listed in the IPP have been reviewed by the HRC within thelast year.	05/26/2016

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>behavior medications) was reviewed/monitored.</p> <p>Findings include:</p> <p>The record of client #3 was reviewed on 5/2/16 at 9:52a.m. Client #3's 5/1/16 IPP indicated client #3's diagnoses included, but were not limited to, Bi-Polar Disorder and Depression, for which client #3 received the medications Invega and Elavil. There was no documentation the IPP had been reviewed by the HRC.</p> <p>Interview of facility staff #3 on 5/2/16 at 1:02p.m. indicated there was no documentation the facility's HRC had reviewed client #3's restrictive IPP during the past year.</p> <p>9-3-4(a)</p>		<p>IPP's with behavior management medications listed will be sent through HRC at the annual IPP review to ensure behavior medications are reviewed/monitored. The Health Services/Programming Filing Clerk will monitor IPP's for HRC approval prior to entering into the individual's mainfile</p>				