

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 04/26/2013
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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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: April 18, 19, 22, 23 and 26, 2013</p> <p>Provider Number: 15G623 Aims Number: 100249470 Facility Number: 001182</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed May 3, 2013 by Dotty Walton, QIDP.</p>	W000000			

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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W000149	<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. Based on observation, interview and record review, the facility failed for one of one injury of unknown origin reviewed for one additional client (client #6), to implement policy and procedures to ensure all injuries of an unknown source were immediately reported to the administrator and a thorough investigation completed for injuries of an unknown source.</p> <p>Findings include:</p> <p>An observation was done on 4/18/13 at the group home from 3:59p.m. to 5:44p.m. Throughout the observation client #6 wore a walking boot on his right foot. Client #6 was interviewed on 4/18/13 at 4:45p.m. Client #6 indicated he had hurt his foot playing basketball and had to wear "this" on his foot.</p> <p>Record review of the facility incident reports was done on 4/19/13 at 8:44a.m. There was no reportable incident report to indicate client #6 had suffered an injury to his right foot. Record review on 4/22/13 at 12:48p.m. of client #6's medical record indicated he had received an x-ray on 4/5/13 for a swollen right foot. The x-ray</p>	W000149	<p><u>W149</u> Plan of Correction: Staff will be retrained on reporting injury of unknown origin immediately to the appropriate administrator. Investigation team will be retrained on the proper investigation procedures. Investigation team will be retrained on the reportable incident procedure. Preventive Action: Staff will be retrained on reporting injury of unknown origin immediately to the appropriate administrator. Investigation team will be retrained on the proper investigation procedures. Investigation team will be retrained on the reportable incident procedure. Monitoring: Director or Residential and Adult Day Services will make sure all investigation procedures are followed. Responsible Party: Director of Residential and Adult Day Services Date to be completed: May 26, 2013</p>	05/26/2013			

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	<p>indicated a mild fracture of the 5th metatarsal. There was no documentation to indicate the fracture had been reported to the administrator and the Bureau of Developmental Disabilities Services (BDDS). A 4/11/13 nursing note indicated client #6 had a fracture of the metatarsal and was to wear a moon boot. Client #6 had an earlier nursing note on 2/27/13. The 2/27/13 nursing note indicated client #6 went to doctor for right ankle injury. The doctor diagnosed it as a sprain of right ankle and no basketball for 10 days. A nursing note on 3/8/13 indicated client #6 had revisited his doctor and the doctor indicated the sprain as resolved and "may return to sports." There was no documented investigation to determine the cause of the right foot fracture (identified on 4/5/13).</p> <p>The facility's policy and procedures were reviewed on 4/22/13 at 11:44a.m. The policy dated 11/1/12 "Neglect, Abuse, Battery, Exploitation Policy and incident reporting, reasonable suspicion of a criminal activity and investigatory procedure" documented: "Each staff, employee or volunteer involved, witnessing or becoming aware of an incident which involves an allegation that neglect, abuse, battery, exploitation, misappropriation of resident property, violation of any consumer's rights,</p>			

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	<p>consumer to consumer aggression resulting in significant injury, identifies a significant injury of unknown origin, or suspected or actual criminal activity has occurred must complete the appropriate internal reporting form and the incident must be reported to the designated administrator and to external agencies as described herein within the regulatory required time requirements." The policy also documented: "The Department manager or designee responsible for conducting the investigation may select appropriate team members to assist in the investigation. The investigation will include review of consumer's individual plan, interviews with staff and consumers having or potentially having knowledge of the incident, and all other pertinent data. All investigations are to be concluded within five days of the date and time of the initial complaint. The investigation will be documented on ISO Form #124 Investigation summary."</p> <p>Professional staff #1 and professional staff #2 (nurse) were interviewed on 4/23/13 at 10:40a.m. Professional staff #1 indicated client #6's significant injury of unknown source had not been immediately reported to the administrator and there was no documented investigation in regards to the injury. Professional staff #2 indicated there was</p>			

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	<p>documentation of a previous right foot injury while client #6 was playing basketball on 2/27/13. Professional staff #1 indicated the facility staff had not followed facility policy and procedures by failing to immediately report a significant injury of an unknown source and documenting an investigation.</p> <p>9-3-2(a)</p>			

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on observation, record review and interview, the facility failed for one of one injury of unknown origin reviewed, for one additional client (client #6), to immediately report injuries of an unknown origin to the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>An observation was done on 4/18/13 at the group home from 3:59p.m. to 5:44p.m. Throughout the observation client #6 wore a walking boot on his right foot. Client #6 was interviewed on 4/18/13 at 4:45p.m. Client #6 indicated he had hurt his foot playing basketball and had to wear "this" on his foot.</p> <p>Record review of the facility incident reports was done on 4/19/13 at 8:44a.m. There was no reportable incident report to indicate client #6 had suffered an injury to his right foot. Record review on 4/22/13 at 12:48p.m. of client #6's medical record</p>	W000153	<p><u>W153</u> Plan of Correction: Staff will be retrained on reporting injury of unknown origin immediately to the appropriate administrator. Investigation team will be retrained on the proper investigation procedures. Investigation team will be retrained on the reportable incident procedure. Preventive Action: Staff will be retrained on reporting injury of unknown origin immediately to the appropriate administrator. Investigation team will be retrained on the proper investigation procedures. Investigation team will be retrained on the reportable incident procedure. Monitoring: Director or Residential and Adult Day Services will make sure all investigation procedures are followed. Responsible Party: Director of Residential and Adult Day Services Date to be completed: May 26, 2013</p>	05/26/2013			

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	<p>indicated he had received an x-ray on 4/5/13 for a swollen right foot. The x-ray indicated a mild fracture of the 5th metatarsal. A 4/11/13 nurse's note indicated client #6 had a fracture of the metatarsal and was to wear a moon boot. There was no documentation to indicate the fracture had been reported to the administrator and BDDS.</p> <p>Professional staff #1 was interviewed on 4/23/13 at 10:40a.m. Staff #1 indicated the above identified incident of injury of an unknown origin had not been immediately reported to the administrator and BDDS.</p> <p>9-3-1(b)(5) 9-3-2(a)</p>			

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W000154	<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 observation, record review and interview, the facility failed for 1 of 1 incident of injuries (client #6) of an unknown origin to ensure they were thoroughly investigated.</p> <p>Findings include:</p> <p>An observation was done on 4/18/13 at the group home from 3:59p.m. to 5:44p.m. Throughout the observation client #6 wore a walking boot on his right foot. Client #6 was interviewed on 4/18/13 at 4:45p.m. Client #6 indicated he had hurt his foot playing basketball and had to wear "this" on his foot.</p> <p>Record review of the facility incident reports was done on 4/19/13 at 8:44a.m. There was no reportable incident report to indicate client #6 had suffered an injury to his right foot. Record review on 4/22/13 at 12:48p.m. of client #6's medical record indicated he had received an x-ray on 4/5/13 for a swollen right foot. The x-ray indicated a mild fracture of the 5th metatarsal. A 4/11/13 nursing note indicated client #6 had a fracture of the metatarsal and was to wear a moon boot. Client #6 had earlier nursing notes:</p>	W000154	<p><u>W154</u></p> <p>Plan of Correction: Staff will be retrained on reporting injury of unknown origin immediately to the appropriate administrator. Investigation team will be retrained on the proper investigation procedures. Investigation team will be retrained on the reportable incident procedure.</p> <p>Preventive Action: Staff will be retrained on reporting injury of unknown origin immediately to the appropriate administrator. Investigation team will be retrained on the proper investigation procedures. Investigation team will be retrained on the reportable incident procedure.</p> <p>Monitoring: Director or Residential and Adult Day Services will make sure all investigation procedures are followed.</p> <p>Responsible Party: Director of Residential and Adult Day Services Date to be completed: May 26, 2013</p>	05/26/2013			

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	<p>2/27/13 client #6 went to doctor for right ankle injury. Doctor diagnosed as a sprain of right ankle and no basketball for 10 days. A nursing note on 3/8/13 indicated client #6 had revisited his doctor and the doctor indicated the sprain as resolved and "may return to sports." There was no documented investigation to determine the cause of the right foot fracture (identified on 4/5/13).</p> <p>Professional staff #1 was interviewed on 4/23/13 at 10:40a.m. Staff #1 indicated there was no documented investigation in regards to the right foot injury. Staff #1 indicated at this time they were not sure of the source of injury in regards to client #6's foot. Staff #1 indicated an investigation should have been conducted in regards to the unknown injury.</p> <p>9-3-2(a)</p>				

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>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 4 sampled clients (client #2) who took behavior control drugs, to ensure the behavior control medications were part of client #2's individual program plan (IPP).</p> <p>Findings include:</p> <p>Review of the record of client #2 was done on 4/22/13 at 11:03a.m. Client #2's 7/24/12 IPP indicated client #2's diagnoses included, but were not limited to, depression and chronic schizophrenia. Physician orders on 1/2/13 indicated client #2 received the behavior control medications Wellbutrin and Prolixin. The IPP failed to include the behavior control medications in a plan which included a withdrawal criteria.</p> <p>Interview of professional staff #1 on 4/23/13 at 10:40a.m. indicated client #2 did not have his current behavior control medications addressed in a plan of reduction.</p>	W000312	<p><u>W312</u></p> <p>Plan of Correction: Managers will be retrained on updating individual BSP when the need arises. This will include updating medication used to control behaviors.</p> <p>Preventive Action: Managers will be retrained on updating individual BSP when the need arises. This will include updating medication used to control behaviors</p> <p>Monitoring: Coordinator will double check BSPs to ensure they are updated as the need arises.</p> <p>Responsible Party: Manager, Coordinator</p> <p>Date to be completed: May 26, 2013</p>	05/26/2013			

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W000371	<p>483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview, the facility failed for 1 of 4 sampled clients (#4), to provide client #4 with the identified training need of medication administration training.</p> <p>Findings include:</p> <p>The record of client #4 was reviewed on 4/22/13 at 11:33a.m. Client #4's 10/3/12 individual program plan (IPP) indicated client #4 received the medication Abilify for anxiety and did not have a training program in place to address the administration of the medication. The IPP indicated client #4 was in need of medication administration training. Client #4's 10/15/12 physician's orders indicated he could participate in a medication administration training program.</p> <p>Professional staff #1 was interviewed on 4/23/13 at 10:40a.m. Professional staff #1 indicated client #4 was in need of medication administration training and did not have a medication training program in place at this time.</p>	W000371	<p><u>W371</u> Plan of Correction: A medication training objective will be put in place for client #4. Managers will be retrained on updating IPPs as the need arises and implementing new training objectives as the need arises. Preventive Action: A medication training objective will be put in place for client #4. Managers will be retrained on updating IPPs as the need arises and implementing new training objectives as the need arises. Monitoring: Coordinator will ensure that all IPPs are updated as needs are identified. Responsible Party: Coordinator and Manager Date to be completed: May 26, 2013</p>	05/26/2013			

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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 1 of 4 sampled clients (#4) with adaptive equipment, to provide client #4 with training for his refusal to wear prescribed (full time wear) eyeglasses.</p> <p>Findings include:</p> <p>Observation was done at the group home on 4/18/13 from 3:59p.m. to 5:44p.m. Client #4 did not wear nor was he observed to be prompted to wear eyeglasses during the observation.</p> <p>Record review of client #4 was done on 4/22/13 at 11:33a.m. Client #4's 9/16/12 eye exam indicated client #4 had prescribed eyeglasses, "wear full time." Client #4 had a 10/3/12 individual program plan (IPP). Client #4's IPP did not have documentation of a training program in place to address client #4's refusal to wear prescribed full-time eyeglasses.</p> <p>Interview on 4/23/13 at 10:40a.m. of</p>	W000436	<p><u>W436</u></p> <p>Plan of Correction: A personal care training objective for wearing eyeglasses will be put in place for client #4. Managers will be retrained on updating IPPs as the need arises and implementing new training objectives as the need arises.</p> <p>Preventive Action: A medication training objective will be put in place for client #4. Managers will be retrained on updating IPPs as the need arises and implementing new training objectives as the need arises.</p> <p>Monitoring: Coordinator will ensure that all IPPs are updated as needs are identified.</p> <p>Responsible Party: Coordinator and Manager</p> <p>Date to be completed: May 26, 2013</p>	05/26/2013			

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	<p>professional staff #1 indicated client #4 had eyeglasses. Staff #1 indicated client #4 often refused to wear his eyeglasses. Day service staff #2 (agency operated) was interviewed on 4/23/13 at 11:08a.m. Staff #2 indicated client #4 carries a pair of eyeglasses with him at day services but refuses to wear them. Staff #1 indicated client #4 did not have training programs in place to address his refusal of prescribed full time wear eyeglasses.</p> <p>9-3-7(a)</p>			