

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G693	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-ARC AVE (105)	STREET ADDRESS, CITY, STATE, ZIP CODE 2968 E ARC AVE BLDG 105 VINCENNES, IN 47591
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W000000	<p>This visit was for the annual recertification and state licensure survey.</p> <p>Dates of survey: April 7, 9, 10, 11 and 15, 2014</p> <p>Facility Number: 002937 Provider Number: 15G693 AIMS Number: 200333060</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/23/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>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 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to address the clients' training need of dental hygiene with a formal goal.</p> <p>Findings include:</p>	W000242	<p><u>W242</u></p> <p>Plan of Correction: 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>	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>The record review for client #1 was conducted on 4/10/14 at 2:56 PM. The IPP (Individual Program Plan) for client #1 was dated 9/19/13 and indicated the following training objectives:</p> <ol style="list-style-type: none"> 1. Identify side effects of his Vimpat. 2. Copy a 4 or 5 word sentence daily. 3. Subtract 2 digit numbers while using a calculator. 4. Identify his birthday on a calendar. 5. Accompany staff into the community for socialization purposes twice per month at minimum. 6. Assist staff with preparing evening meal. 7. Shave once daily 8. Complete exercising 2 times a day for 15 minutes. 9. Wear his gait belt while up walking. 10. Complete a budget sheet once weekly. <p>The record review for client #2 was conducted on 4/10/14 at 1:34 PM. The IPP for client #2 was dated 8/1/13 and included the following training objectives:</p> <ol style="list-style-type: none"> 1. Take her supplies to the bathroom. 2. Locate the day on a calendar. 3. Add single digit math problem 4. Do her OT (Occupational Therapy) exercises as prescribed. 5. Cover her mouth when coughing. 6. Locate safety signs while out in community. 7. Locate phone numbers on a keypad. 8. Use her Dynavox to communicate. 9. Sign her first and last name once daily. 10. Locate her bank. 11. Take the dirty linens off her bed. 12. Fold her laundry. 13. Turn her razor on. 14. Rinse her hair thoroughly. 15. Put her shirt over her head with the tag in the back. 		<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 month 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>				

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	<p>16. State side effects of Restoril</p> <p>17. Have at least two community outings a month.</p> <p>18. Assist staff with preparing a meal on her night in the kitchen.</p> <p>19. Wear her chest harness as prescribed.</p> <p>The record review for client #3 was conducted on 4/10/14 at 12:22 PM. The IPP for client #3 was dated 1/7/14 and included the following training objectives:</p> <ol style="list-style-type: none"> 1. Shave her legs and underarms twice weekly. 2. Complete a match worksheet at least once a day. 3. Explain how to deal with emotions and actions when given a certain scenario. 4. Read a short story. 5. State the side effect of Depakote. 6. Load the washing machine, add detergent and start the washer. 7. Copy 4-5 letter words. 8. At least once a week wash her bed linens. 9. Make a list of items she would like to purchase at least once a week. 10. Watch the news and discuss events with staff. 11. Exercise for at least 20 minutes a day. 12. Accompany staff into the community for socialization purposes twice per month at a minimum. 13. At least once a week she will help prepare dinner. The client will also help with the clean up after dinner is over. <p>The record review for client #4 was conducted on 4/10/14 at 3:28 PM. The IPP for client #4 included the following training objectives:</p> <ol style="list-style-type: none"> 1. Knock before entering the bathroom 2. Play a game with others for at least 6 minutes. 						

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W000331	<p>3. Lather his hands with soap. 4. Identify pictures of a common cold. 5. Choose between a med (medication) and a non-med. 6. Sign his first and last name once daily. 7. Identify his last name. 8. Identify numbers 1 - 4 9. Mail a letter to his mother once a week. 10. Identify morning, afternoon, evening, night. 11. Sign when he wants more to eat. 12. Accompany staff into the community for socialization purposes twice per month at minimum. 13. Assist staff with preparing evening meal.</p> <p>The IPP training objectives for clients #1, #2, #3 and #4 failed to address the clients' training needs of 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) 483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #2), the facility's nursing services failed to ensure the client's plan for skin breakdown included how the client's skin breakdown would be</p>	W000331	<p><u>W331</u></p> <p>Plan of Correction: Nurses are going to conduct weekly skin assessments on individuals that are prone to skin breakdown. Staff will be retrained</p>	05/15/2014			

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	<p>assessed/monitored.</p> <p>Findings include:</p> <p>The record review for client #2 was conducted on 4/10/14 at 1:34 PM. The nursing notes indicated on "1/16/14 a small abrasion noted on right buttocks. No signs and symptoms of infection noted. Notified MD. Mepilex (dressing) to area daily ordered." The nursing note dated 2/21/14 indicated "two pressure areas found on bilateral heels. Right heel state 1, 2.9 cm (centimeter) x 1.6 cm. Left heel stage 1, 0.2 cm x 0.2 cm. Staff reeducated on repositioning (Goes to MD today for treatment orders.)" The nursing note dated 3/3/14 indicated "Pressure areas measured today. Right heel stage 1, 2 cm x 1.5 cm. Left heel stage 1, .2 cm x .1 cm. Areas healing. No other red or open areas noted. Will continue with current orders." The nursing note dated 3/13/14 indicated "3/10/14 (late entry) Skin assessment done. Right heel stage 1, 0.5 cm x 0.5 cm. Left heel stage 1, 0.5 cm x 0.5 cm. No open areas. Buttocks clear with no red or open areas. Rash on upper left hip gone. Will continue to monitor." The nursing note on 3/25/14 indicated "Skin assessment done. Left heel stage 1, .1 cm x .1 cm. Right heel healed. No other red or open areas on skin noted." The nursing note dated 4/3/14 indicated "4/2/14 (late entry). Three pinpoint open areas noted on coccyx, stage 2. New order received to apply Mepilex dressing to coccyx and change every three days. Will measure areas and monitor weekly." The client's risk plan dated 8/1/13 for skin breakdown for client #2 did not address how the pressure areas were to be monitored.</p>		<p>on the proper way to assess an individual daily during shower time for signs or symptoms of skin break down. Staff will also be retrained on reporting any concerns to the nurse immediately upon finding.</p> <p>Preventive Action: : Nurses are going to conduct weekly skin assessments on individuals that are prone to skin breakdown. Staff will be retrained on the proper way to assess an individual daily during shower time for signs or symptoms of skin break down. Staff will also be retrained on reporting any concerns to the nurse immediately upon finding.</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 month to ensure all programming is being followed. Nurse will be in the home once a week for observations</p> <p>Responsible Party: Nurse, Health Care Coordinator, Manager,</p> <p>Date to be completed: 5/15/2014</p>	

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	<p>The facility BDDS (Bureau of Developmental Disability Services) incident reports were reviewed on 4/10/14 at 10:05 AM. The reports included for client #2 an incident dated 2/6/14 - "It was reported that [client #2] has a stage 2 open area on her right hip. The area measures 1.8 cm by 1.6 cm. This area is being treated with Mepilex." The follow-up BDDS report was dated 3/18/14 and indicated "It was considered healed on 3/13/14. Measured weekly until it was healed." There was no nursing note documenting the weekly check or the measurement of the wound.</p> <p>Interview with staff #6, LPN (Licensed Practical Nurse) on 4/10/14 at 1:30 PM indicated the nurse measures any skin breakdown and enters the information in the nursing notes. Staff #6, LPN indicated the staff has been trained on how to care for skin breakdown. Staff #6, LPN indicated all skin breakdown should be documented in the nursing notes.</p> <p>9-3-6(a)</p>				