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 10/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNOX COUNTY ARC-ARC AVE (105)	2968 E ARC AVE BLDG 105 VINCENNES, IN 47591

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W0000	This visit was a 23 day revisit survey to the investigation of complaint #IN00116495 which resulted in an Immediate Jeopardy at W122 that was not removed on 10/1/12. Complaint #IN00116495: Substantiated, Federal/State deficiencies related to the allegation(s) are cited at W122. Survey Dates: 10/17/12 Facility Number: 002937 AIMS Number: 200333060 Provider Number: 15G693 Surveyor: Paula Chika, Medical Surveyor III-Team Leader These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review was completed on 10/19/12 by Tim Shebel, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W0122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 4 of 4 sampled clients (A, B, C and D) and for 1 additional client (E). The facility failed to implement its written policies and procedures to prevent neglect of clients in regard to the care the clients received to meet their basic and medical needs. The facility failed to implement its policy and procedures to prevent neglect of the clients in regard to staffs' lack of training to provide care to meet the health, medical and safety needs of clients to ensure no potential harm would occur. This non-compliance resulted in an Immediate Jeopardy as the facility failed to ensure all staff were adequately trained to meet the needs of clients and to prevent potential harm from occurring. The Immediate Jeopardy was identified on 9/19/12 at 3:15 PM. The Director of Residential and Adult Day Services, the Program Coordinator and the Quality Assurance Coordinator were notified of the Immediate Jeopardy on 9/19/12 at 3:46 PM. The Immediate Jeopardy began on 9/19/12. A plan of removal for the immediate jeopardy was offered by the facility's Director of Residential and Adult Day Services	W0122	W122Plan of Correction: All staff will be retrained on the Abuse/neglect policy. All Direct Support Professionals have/will receive the required individual specific training and will prove/have proven competency in providing care for a colostomy, catheter, CPap and other individual specific areas of need. The training will include the proper use of adaptive equipment. The training will also include the toileting needs of each individual. The Nurse and Manager will provide this training. The Nurse who failed to provide the required training previously has been terminated. . The in-home training checklist has been revised to include proving competency in several areas: colostomy, catheter, harnesses, c-pap, VNS, Oxygen, Toileting, Bathing, Speech equipment, wheelchair requirements, Hoyer lift and bed rail requirements. This training checklist must be completed before the any individual can work as staff in the home.Preventive Action: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources Department tracking all new hire	10/17/2012

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	(administrative staff #1) on 9/21/12 (reviewed 9/21/12 at 1:00 PM) and included the following items: "All staff in the home will receive individual specific training on each individual living in the home. This training will include each individual's IPP (Individual Program Plan), each BSP (Behavior Support Plan), each risk plan and adaptive equipment (how and when to use it). Each staff will receive hands-on training from a member of administration. This hands- on training will include how to care for/use an individual's catheter, colostomy bag, Hoyer lift, adaptive equipment, toileting and other specific medical needs. Each trainer will have been appropriately trained by a Nurse and will have proven competency. Each trainee will prove competency on caring for a catheter and colostomy bag. Each trainer will be a nurse or will have been with KCARC (Knox County ARC) for at least one year. The Director of Residential and Adult Day Services, Coordinators, the Dietary Manager, Managers, Medical Assistants and Administrative Assistants will be considered qualified trainers after receiving training from a Nurse and proving competency. A Medical Assistant will provide the Hoyer Lift training because he is an expert in the area. A		individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training.Monitoring: The Training Coordinator and/or Program Services Recruiter will monitor the completion of all individual specific training. The Executive Vice President and Director of Residential and Adult Day Services are each currently visiting the home at least once weekly to ensure the administrative staff are providing the proper oversight. After 30 days, they will continue to visit the home at least twice monthly. The	

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	trainer will be in the home during all hours when residents are present for at least two weeks or until all staff have proven competency in the required areas. The trainer will work side-by-side with staff to ensure staff understand the tasks they are attempting to perform. Work instructions will also be placed in the home to provide staff with reference documents that explain how to do essential tasks. The Manager and Coordinator will work together in the home Monday through Friday from 12 p.m. to 8 p.m. for at least two weeks. The Coordinator will use this time to thoroughly train the Manager to monitor the systems in the home. The Manager and Coordinator will use the time when residents are present to train staff. After all staff are successfully trained and the Manager has proven competency, the Manager will remain working 12 p.m.-8 p.m. in the home at least two days per week. She will work in the home from 3 p.m. to 5 p.m. the other three days and will work one weekend day per month. The Manager will assist in the hands-on training of all new staff and will document when each staff has proven competency in each required area. The Quality Systems Management Director will be in the home when		Quality Systems Management Director is now visiting the home at least five times per week to ensure the administrative staff are providing the proper oversight. This will continue for at least 30 days from when it began. After 30 days, the Quality Systems Management Director or the Quality Assurance Coordinator will continue to visit the home at least once per month. After 30 days, the Group Home Manager will be in the home when residents are present a minimum of 5 days per week. The Group Home Coordinator will be in the home when residents are present at least once per week. The purposes of these visits will be to monitor staff competency and implementation of programming. Date to Be Completed By: October 17, 2012Responsible Party: Training Coordinator, Director of Residential and Adult Day Services	

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	residents are present at least five days per week for thirty days. The Director of Residential and Adult Day Services and the Executive Vice President will each be in the home when residents are present at least once weekly for thirty days. The purpose of these visits will be to ensure trainers are providing hands-on training to staff as required. After thirty days, the Director of Residential and Adult Day Services and the Executive Vice President will be in the home when residents are present at least once monthly. Additionally, the Coordinator will complete a checklist in the home at least twice monthly. This checklist will include the observation of the care of a catheter and colostomy bag. It will also include verifying that all adaptive equipment is being used properly. A system will be developed for tracking the training of all new hires. A Nurse and Manager will be required to train each new hire together. Afterwards, the staff being trained, the Nurse and the Manager must all sign the training form. The Administrative Assistant must track the completion of the required training and notify the Coordinator when the staff is free to work in the home unsupervised. The staff will not work in the home until the Coordinator has been notified by email that the staff has received all			

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	required training. Part of the required training will be hands-on training with a staff who has already been fully trained. A system will be developed by KCARC's Quality Systems Management Director to track all abuse and neglect investigations. This system will include a process for identifying staff that have had more than one allegation against them within a three month period. The abuse and neglect investigations and incident reports will be monitored and tracked by the Quality Assurance Coordinator (Residential Department). If he discovers that a staff has had more than one allegation of abuse/neglect against him/her within three months, the Quality Assurance Coordinator will initiate another investigation. The Quality Assurance Coordinator will also monitor the types of incident reports that are filed and all medication errors that are filed. If he discovers a trend, he will initiate a more thorough investigation. The Quality Assurance Coordinator will review each investigation thoroughly ensuring it meets all qualifications prior to any suspended staff being returned to the schedule. He will ensure all related staff documentation is reviewed prior to the completion of each investigation. The Quality Assurance Coordinator will monitor that the results of each investigation are reported to the			

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	administrator within five days as required by regulation. The Director of Residential and Adult Day Services will thoroughly train the Quality Assurance Coordinator to do the tasks mentioned above. The Director of Residential and Adult Day Services will be retrained by the Director of Human Resources on the abuse/neglect policy. She will then retrain the Coordinator. The Manager, Assistant Manager and Direct Support Professionals will also be retrained on the abuse/neglect policy. The Nurse responsible for failing to do any training with staff has been terminated. It was substantiated that he was negligent. The staff who was accused of hitting a resident and being verbally inappropriate has also been terminated. Although no one other than the resident confirmed the allegation, it is believed to be true. Also, the staff had been accused of several different inappropriate actions after only being employed by KCARC a short time. One individual who lives in the home has a harness that she is supposed to wear during meals and while being transported in a vehicle. She has a history of refusing this. The Director of Residential and Adult Day Services has spoken with her and explained that the physician has been			

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	contacted to get a referral for a new evaluation. The individual agreed to use the harness she currently has until another order can be implemented. Additionally, a training objective will be developed to assist her in following through with her agreement. All staff have been or will be trained on the appropriate use of this harness." Based on observation, interview and record review of the facility's 9/21/12 plan of removal, it was determined the facility's plan of action/removal had not removed the Immediate Jeopardy and the Immediate Jeopardy continued because the facility still needed to implement its plan of removal in monitoring and providing hands on training to staff and/or new staff hired to work at the group home. The facility's Immediate Jeopardy continued because the facility needed to update client C's 6/1/12 risk plan in regard to what care facility staff should be providing in regard to the client's colostomy and suprapubic catheter. The facility also needed to continue monitoring and supervising facility staff, over a period of time, to ensure the plan of removal was followed/implemented to ensure staff continued to provide quality of care to meet the basic and health needs of each client.			

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	The facility's Immediate Jeopardy removal plan of 9/21/12 was reviewed and the Director of Residential and Adult Day Services (Admin #1) was interviewed on 9/24/12 from 1:30 PM until 3:30 PM. Admin #1 indicated the plan had been revised to include staff training in the areas of oxygen application for client G, the use of a C-PAP machine (to facilitate breathing/treat sleep apnea) for client C, and the use of a magnet with a VNS/Vagal Nerve Stimulator for client B. The review of training documents indicated staff #5 had not yet been observed performing the use of a Hoyer Lift or the C-PAP machine for client C or the VNS procedure for client B. Admin #1 indicated the training would be completed when staff #5 could demonstrate competency in these areas to the identified trainer(s). During observations at the facility on 9/24/12 from 4:15 PM until 7:00 PM clients were observed to go about their evening routine. Staff #1, Program Coordinator/PC #1, staff #5 and staff #11 were working with clients A, B, C, D, E, F, G, and H in the facility. PC #1 was passing medications (17 grams of Miralax (constipation) in 5 ounces of water, and 5 tablet form medications in a 2 ounce cup of applesauce to client A at			

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	4:15 PM. Client A was observed to be using an electric wheelchair for mobility and did not have her chest harness in place at the time of the medication pass. PC #1 was interviewed on 9/24/12 at 4:30 PM and indicated the label and the 9/12 Medication Administration Record/MAR indicated the Miralax was to be mixed in 8 ounces of fluid but the cup used was a five ounce cup for water. The interview indicated client A took her tablet form medications in applesauce and sometimes more was needed (unspecified amount) to help with swallowing. Review (9/24/12 at 5:00 PM) of client A's 8/1/12 risk plan for mealtime positioning indicated she was to wear her chest harness during the meal and for 30 minutes thereafter. The risk plan review and interview with Admin #1 indicated the plan did not address positioning for food/fluids with medications. The harness was applied to client A at 4:35 PM and was observed to be ill fitting and difficult to adjust. Client A was leaning to her left in the wheelchair and she indicated at 4:45 PM on 9/24/12 the harness and wheelchair were uncomfortable. Client F was observed to place his arm around client A's shoulders and lean on her wheelchair while she was seated in the dining room near the kitchen on 9/24/12 at 5:05 PM. Client B was observed (9/24/12 at 4:45			

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	PM) to be sitting at a table with staff #1 and his helmet's chin strap was undone (used for head protection for falls or seizures). Staff #1 began the meal preparation at 5:00 PM on 9/24/12 by cooking ground meat for Goulash. Clients B and F were in the kitchen area assisting. Client F cut his right thumb when he attempted to open a can of pineapple at 5:10 PM and required follow up treatment at the local hospital. Client G was observed to use oxygen via a nasal cannula The oxygen delivery tubing was observed to be on the floor. Client G attempted to leave the table at 5:48 PM on 9/24/12 to go to her bedroom for her shoes while the cannula was attached. During the meal at 5:56 PM until 6:24 PM, client G sat at the table with staff #5 and #11. Client G's feet did not touch the floor and she leaned her body over her plate The client's cannula tubing was misplaced. PC #1 positioned the tubing at 6:15 PM. Client C (who had an indwelling catheter for urine and colostomy for fecal waste) indicated on 9/24/12 at 5:10 PM his colostomy was in need of emptying. Staff #5 assisted client C with the process in a private area and returned client C to his duties of dinner preparation at 5:25 PM.			

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	When client C was returned to the living/dining/kitchen area by staff #5, waste was observed to be on his catheter tubing. The waste remained on the tubing during meal preparation and the meal until it was pointed out to RN #1 at 6:30 PM. PC #1 cleaned the tubing at 6:40 PM. During the 9/27/12 observation period between 5:46 PM and 7:21 PM, at the group home, there were 3 direct staff to 7 clients who were at the group home. The facility's Quality Systems Management Director, the Program Coordinator (PC) and staff #1 were in the group home to provide training and supervision of staff. Interview with the Quality Systems Management Director on 9/27/12 at 5:55 PM indicated she was the oversight management staff for the group home. The Quality Systems Management Director indicated she would be in the home 5 days a week for the next 30 days to ensure staff were being trained and care was being provided to the clients. The Director of Residential Services and Adult Day Services was also at the group home monitoring staff for some parts of the observation period. During the 9/27/12 observation period, two of the three direct care staff were new to the group home. At 6:13 PM, client G was sitting on the couch with her oxygen on.			

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	The PC explained to and showed staff #11 he needed to make sure client G's oxygen hose was behind her and not in front of her. Client A had her Dynavox communication device on the back of her wheelchair. Staff #6, #11 and #17 assisted client C to transfer from wheelchair to a shower chair using a Hoyer lift. The staff attached the sling with client C to the lift appropriately. As staff #11 and #17 were new to the home, staff #6 also assisted in placing client C in the sling and use of the lift. During the 9/28/12 observation period between 6:55 AM and 8:00 AM, at the group home, there were 3 staff to 8 clients. The Quality Systems Management Director was present with the PC at the group home. The Residential Director came to the group home shortly after arrival to the home. LPN #2 was present in the home watching staff #3 pass the morning medications. At 7:05 AM, as staff #11 was setting the table for breakfast, the staff did not involve and/or have any client assist with setting the table. Staff #11 placed non-slip pads at client A's place setting. LPN #2 explained to staff #11, client A did not use the non-slip pad. LPN #2 also reminded staff #6, clients needed to be in the kitchen to assist with food/meal preparations. At 7:15 AM, staff #11			

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	placed toasted english muffins, cooked ham slices and and oatmeal on the dining room table. Flies were observed flying around in the dining room area and on the dining room table. Staff #11 did not cover the food. At 7:23 AM, LPN #2 asked staff to get paper towels to cover the food as flies were in the dining room. Staff #11 then went and retrieved paper towels to cover the food for clients C, F and H. During the 9/28/12 observation period, client A had her harness on her while she was eating and for 30 minutes after the client ate. Interview with staff #11 on 9/27/12 at 6:38 PM indicated he was trained in the use of the Hoyer lift on 9/26/12 with the care of client C's colostomy bag and catheter. Staff #11 indicated he was trained by the facility's nurse. Staff #11 indicated he knew how to use client B's Vagal Nerve Stimulator (VNS). Staff #11 was able to answer questions in regard to the clients' adaptive equipment and health needs. Interview with staff #17 on 9/27/12 at 6:51 PM indicated the staff was new to the home but had worked for the group home in the past. Staff #17 indicated she had been retrained in regard to the clients' needs and risk plans once she returned to the group home. Staff #17 was able to			

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	answer questions in regard to client C's colostomy and catheter care. Staff #17 indicated the bedrails were to be up when the client was in bed, and she knew what to do if a seizure lasted more than 5 minutes for clients B and D. Staff #17 indicated she was trained by the facility's nurse. Interview with staff #6 on 9/27/12 at 7:00 PM indicated he had been trained in regard to the Hoyer lift with client C. Staff #6 indicated client C required 2 staff to transfer the client with the Hoyer Lift. Staff #6 indicated he was trained when to call the nurse, and how to care for client C's colostomy and catheter. Staff #6 indicated clients' bedrails were to be up anytime the clients were in bed and the clients were to be toileted every 2 hours. Staff #6 indicated facility staff were to document client C's input and output on the flowsheet. Staff #6 indicated clients A, B, C, D and E were at risk for aspiration/choking. The staff indicated clients B, D and G were at risk for falls. Interview with administrative staff #1 on 9/27/12 at 7:22 PM indicated the facility had conducted inservice training with staff in regard to the clients' individual plans. Administrative staff #1 indicated the facility would continue to train staff as they worked at the group home.			

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	Administrative staff #1 indicated the facility was short staffed and they still had a lot of work to do. Administrative staff #1 indicated management staff was present in the group home and conducting on site training where needed. Interview with LPN #2 on 9/28/12 at 8:00 AM indicated RN #1 conducted a training session on client C's colostomy and suprapubic catheter. LPN #2 indicated the facility staff were to document any health concerns on "Medical Concern Form" or on the computerized medication administration system. LPN #2 indicated the computerized system had an area where notes could be made. Interview with staff #3 on 9/28/12 at 8:05 AM indicated he had been trained in regard to the Hoyer lift. Staff #3 indicated client A was to wear her chest harness when she ate and 30 minutes after eating. The staff was knowledgeable in regard to each client's medical/health needs. Staff #3 indicated clients were to be toileted every 2 hours. Staff #3 indicated he knew when to call the nurse. Staff #3 indicated 911 was to be called if a client had a seizure over 5 minutes and Diastat (seizure medication) was to be administered in the client's rectum. The facility's inservice records were			

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	reviewed on 9/28/12 at 11:15 AM. The facility's Employee Training Records indicated facility staff were trained in regard to Consumer Specific Training on 9/21 and 9/22/12. The facility's Employee Training Records from 9/21/12 to 9/27/12 indicated the facility's nurse had conducted training with each staff in regard to VNS, Hoyer lift, toileting, harness, oxygen, colostomy, catheter care and C-pap. The Immediate Jeopardy was not removed as the facility still needed to monitor and supervise staff to ensure they provided care in regard to the clients' basic and health needs. Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H), the facility failed to develop policy and procedures which specifically indicated how the suspension of staff would be documented. The facility failed to implement its policy and procedures to conduct thorough investigations, and to ensure a staff who had allegations of abuse against them was monitored to ensure clients were not subjected to potential neglect and/or abuse. Findings include: The facility failed to implement its			

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	written policy and procedures to prevent neglect of clients in regard to resident care, and/or failed to ensure staff were properly trained to prevent potential harm/neglect of clients in regard to client care/health care needs. The facility failed to train staff, in the home, in regard to the clients' medical needs/conditions to ensure clients A, B, C, D and E received the care they needed. The facility failed to develop a system/policy and procedure which ensured the facility formally documented suspension of staff to ensure staff did not have contact with clients during investigations. The facility failed to implement its policy and procedures to complete thorough investigations of all allegations of staff to client neglect and abuse for clients A, B, C, D and E. The facility failed to implement its policy and procedures to prevent potential neglect and/or abuse of clients to ensure a staff person, who had allegations of abuse/neglect and/or concerns in regard to resident care against them, was monitored to ensure the clients were protected. The facility failed to conduct thorough investigations in regard to all allegations made for clients A, B, C, D and E. The Immediate Jeopardy was removed on 10/17/12 when through observation, interview and record review, it was determined the facility had implemented			

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	the plan of action to remove the Immediate Jeopardy and that steps taken removed the immediacy of the problem. The Immediate Jeopardy was removed as the following actions were taken: During the 10/17/12 observation period between 5:55 AM and 8:15 AM, at the group home, there were 4 staff to 8 clients working in the group home. The (Program Coordinator) PC was working as well with staff #5 who worked the overnight shift. Administrative staff #2 arrived at 6 AM to monitor and provide oversight of the group home. Administrative staff #2 fixed client A's Dynavox (communication device) when staff told they could not get it to work. Administrative staff #2 spoke with clients and talked with facility staff. The PC observed and monitored staff #4 while staff #4 conducted the morning medication pass on the CaraSolva (computer medication administration) system. Staff #2 and #3 assisted in waking clients and getting clients dressed for the day. Staff #5 interacted with clients B, F, G and H in the living room throwing a soft football and a large inflated ball to each client. Staff #5 periodically verbally and physically prompted client G to participate in throwing the ball and/or redirected the client to sit up on the couch. Staff #2 and			

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	#3 assisted client A to use her Dynavox device and placed the client's chest harness when the client was at the table to get the client ready for morning medication. Clients A and F both had knee spacers in between their legs as they sat in their wheelchairs. Staff #3 assisted clients D and E to cook the morning breakfast of sausage gravy and biscuits, cereal, milk, juice and coffee. The senior staff (staff #2 and #3) mentored staff #4 and #5 (newer staff) when they saw something that needed to done. Staff #3 reminded staff #5 when he sat next to clients E and H, staff #5 needed to sit in between clients B and H to assist the clients during mealtime. Facility obtained meal time adaptive equipment (high sided plates, plate guards, adaptive utensils, non-slip pads etc.) for clients A, B, C, F, G and H. Staff #2 fed client A while staff #3 sat next to client F to assist the client with his breakfast meal. Staff #4 assisted client C to wake and dress. Staff #4 followed client C to the dining room with a large oxygen container following the client. Once client C sat down at the table. staff #4 correctly applying the client's nasal cannula. Staff #4 asked client C if the cannula needed to be loosened at the back of the client's head. Client C shook her head, yes. Staff #4 untightened the cannula connector at the back of client C's head. Client A was fed			

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	a pureed diet, clients C, F and G were given a ground and/or ground meat diets. The staff ate with the clients ate the breakfast tables. Administrative staff #1 was also present for some of the above mentioned observation period in providing administrative oversight of the group home. Interview with client A on 10/17/12 at 6:35 AM client A stated thought her Dynavox was "broke." Client A indicated she was not getting twisted in her bedrails and facility staff were toileting her at night. Client A indicated facility staff were treating her good. Interview with client B on 10/17/12 at 6:38 AM indicated things were going good at the group home. Client B indicated he was being treated good by staff. Client B indicated he could empty his own catheter bag. When asked how staff transferred the client, client B indicated they used a lift. Client B indicated 2 staff assisted him to transfer with the lift. Client B stated "I hang on so I will not be dropped." Client B indicated he had not been dropped from the lift since the surveyor was last in the group home. Interview with administrative staff #1 on 10/17/12 at 7:40 AM indicated all staff			

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	hat the group home had been trained in regard to the clients' health status, medical needs, IPPs and BSPs. Administrative staff #1 indicated she was pleased with how things were going at the group home. Administrative staff #1 indicated the facility was in the process of trying to change client A to another doctor as the client's current doctor would not return requested orders in regard to the client's need for a full wheelchair evaluation, and need for padded rails. Administrative staff #1 indicated facility staff were placing the client in the center of the bed to keep the client away from the bedrails. Administrative staff #1 indicated they were waiting on client A's guardian to give consent to change doctor's. Interview with staff #5 on 10/17/12 at 7:55 AM indicated staff #5 was a new staff as the staff had only worked at the group home for 2 weeks. Staff #5 indicated he was working the overnight shift at the group home. When asked when the client was trained in regard to the clients' Individual Program Plans (IPPs) and Behavior Support Plans (BSPs), staff #5 stated "Since first day in the home. I still review the IPPs at night when I have time." Staff #5 indicated he was trained by the facility's nurse in regard to client B's colostomy and suprapubic catheter. Staff #5 was able to			

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	state what signs and symptoms he needed to look for and when he would need to call the nurse. Staff #5 knew when to call the on call pager and when to report allegations of abuse/neglect. Staff #5 was able to state and name diets of each client, knew when client A was to wear her harness and when client C was to have her oxygen on. When asked how often clients were toileted/changed at night, staff #5 indicated the clients were to be toileted and/or changed every 2 hours and client F was to be checked hourly at night to prevent skin breakdown. Staff #5 indicated he was trained by medical staff in regard to the Hoyer lift and that the lift required 2 staff to safely transfer. Staff #5 indicated other staff were present with him when using the lift. Staff #5 indicated administrative staff watched him for competency with the lift and continued to periodically observe him when using the lift. When asked how facility staff treated the clients, staff #5 stated, "Excellent, staff goes the extra mile." Interview with staff #4 on 10/17/12 at 8:07 AM stated "I know what I am doing now." Staff #4 indicated the staffing of the group home had improved. Staff #4 indicated he was trained in regard to the clients IPPs and BSPs after he was first hired a little over a month ago. When			

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	asked what creams were being used for client B's red face, staff #4 stated "Eucerin cream and Metrogel." Staff #4 stated client B's had been improving but was "flaky this morning." Staff #4 indicated he took the test for the CaraSolva system last but he still had to have someone supervise him with the medication pass as he had not been signed off on by the nurse. Staff #4 indicated he had been trained and passed the Core A and B training, but needed to passed off on the computer system. Staff #4 knew when client C had to wear her oxygen, when client A had to utilize her harness and who required the use of the Hoyer lift. Staff #4 indicated the nurse had trained him in regard to the lift and client B's colostomy and catheter care. Staff #4 was able to state when the nurse would need to be called if there were concerns in regard to client B's catheter and/or colostomy bag. Interview with staff #2 on 10/17/12 at 8:15 AM indicated things were good in the group home. Staff #2 indicated clients A, B, C, D, E, F, G and H were being cared for and the staff was working together as a team. Client A's record was reviewed on 10/17/12 at 11:30 AM. Client A's 10/2/12 IPP Addendum indicated client A			

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	had specific guidelines in place in regard to toileting. The client's IPP addendum indicated the facility staff were to asked the client if she needed to be changed every 2 hours. The 10/2/12 addendum also indicated specific instructions on how the client was to be toileted while in bed. Client C's IPP addendum indicated the following (not all inclusive): -Client A's bedrails were to be utilized when the client was in bed. -Client A's Dynavox was to be attached to back of the client's wheelchair. -Client A's chest harness was to be worn during mealtimes and medication passes and 30 minutes after and during vehicle transportation. -Client A's knee separator was to be worn 24 hours a day except when showering. Client A's ISP indicated client A had an objective to assist the client to wear her chest harness - as prescribed. Client B's record was reviewed on 10/17/12 at 11:40 AM. Client B's 10/12/12 risk plans indicated the facility's nurse updated the client's risk plans. Client B's risk plan included a separate areas for the client's colostomy and catheter. The 10/12/12 risk plans indicated how facility staff were to care			

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	for the colostomy bag, what they were to monitor for and how/when to inform the nurse. Client B's 10/3/12 IPP Addendum indicated client B's colostomy bag was to be cleaned every night at shower time. The IPP addendum indicated "...Staff removes the bag and cleans it out in the hopper room and continues his shower without the bag attached to clean the whole area. After [client B] shower staff dry the area and re attach the clean bag. The colostomy bag and flange is changed every 3 days or as needed." Client B's 10/2/12 IPP addendum indicated not the following in regard to the client's adaptive equipment (not all inclusive): -Bed rails are to be used anytime client B's in bed. -Client B's C-pap machine is to be used nightly while the client is sleeping. -Hoyer lift and sling to used for transfers with 2 people. -Client B was to wear his protective boot when not in bed or showering and with and electric Hoyer lift when obtained. Client B's 9/25/12 Medical Information Form indicated the client's doctor ordered Eucerin cream daily and Metrogel cream to be used on the client's face daily for the reddened areas.			

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	Client C's record was reviewed on 10/17/12 at 12 noon. Client C's 10/12/12 Risk plan indicated client C wore oxygen due to the client's "Low oxygen Saturation." The risk plan indicated client C was to wear oxygen 24 hours day except for when showering. The risk plan indicated the client used a canister when at the group home and portable oxygen when out of the group home. The risk plan for the oxygen indicated/included how staff were to care for the oxygen equipment, how often staff was to monitor the client's oxygen levels, and what staff were to do if the client's oxygen level went below 90, and/or other signs and symptoms to monitor for. Client C's IPP Addendum indicated the client had the following adaptive equipment (not all inclusive): "...O2 support 24 hours set at 2l (liters), only to be off while showering. Oxygen concentrator for home use and portable tanks for transportation, hospital bed that is slightly elevated to be used over night when asleep,...." The facility's Inservice/Training Records were reviewed on 10/17/12 at 10:20 AM. The facility's inservice records indicated staff #1, #2, #3, #4, #5, #6, #7, #8 and #9			

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	were all trained in regard to the following at varied times from 9/21/12 to 10/12/12: -Vagal Nerve Stimulator (VNS) -Hoyer Lift -CaraSolva -Abuse/neglect -Clients A, B, C, D, E, F, G and H's Individual Specific training (health, IPP and behavior) -Reporting medical concerns -How and when to report adaptive equipment concerns -Six rights of medication The facility's inservice/training records indicated the above mentioned facility staff had to demonstrate and completed the above mentioned competency training for the following: -Hoyer Lift -Colostomy care -Catheter care -Client A's harness -Cpap -VNS -Client C's oxygen -Ground and pureed diets -Toileting -Dynavox -All clients' adaptive equipment -CaraSolva			

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	The facility's Administrative Visit Logs were reviewed on 10/17/12 at 11:00 AM. The facility's logs indicated administrative staff (PCs, Managers, Administrative Assistant, Quality Systems Management Director, Director of Nursing, Vice President of Program Services and the Director of Residential and Adult Day Services) were in the group home daily from 9/21/12 to 10/8/12 (documentation provided by the facility). The administrative logs indicated administrative staff (administrative staff and/or the PC) worked the entire night shift and was in the home for hours at a time on the morning shift, day shift and evening shift if not the entire shift on some days. The facility's administrative staff logs indicated the facility's Quality Systems Management Director was in the group home daily on the morning and evening shifts from Monday through Friday ensuring the trainers were training staff per the facility's plan of removal. The administrative staff log also indicated the facility's Vice President of Program Services and the Director of Residential and Adult Day Services also visited and provided oversight management of the group home. The logs indicated the facility's nurses' were also present in monitoring and providing oversight of the clients' medical needs and training.			

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 10/17/2012
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	

(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
	The administrative logs indicated administrative staff were present 7 days a week in the group home. Even though the facility's corrective actions removed the Immediate Jeopardy, the facility remained out of compliance at the Condition of Participation: Client Protections, as the facility needs to continue to complete monitoring/supervision of facility staff to ensure the effectiveness of its plan of correction. This federal tag relates to complaint #IN00116495. 9-3-2(a)			