

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 12/06/2011
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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, IN47591
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W0000	<p>This visit was for a post certification revisit (PCR) survey to the investigation of complaint #IN00098580 which resulted in an Immediate Jeopardy completed on 10/24/11.</p> <p>This visit was in conjunction with the investigation of complaint #IN00100293.</p> <p>This visit was in conjunction with a PCR to complaint #IN00092109 completed on 7/22/11.</p> <p>Complaint #IN00098580-Not Corrected.</p> <p>Unrelated deficiencies-Corrected.</p> <p>Dates of Survey: 12/5 and 12/6/11</p> <p>Facility Number: 002939 Provider Number: 15G689 Aim Number: 200333130</p> <p>Surveyor: Paula Chika, Medical Surveyor III-Team Leader</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/12/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0189	<p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on interview and record review for 1 of 4 sampled clients (A), the facility failed to retrain staff on the use of van lifts to ensure a client's safety.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 12/5/11 at 2:15 PM. The facility's 10/4/11 reportable incident report indicated "While unloading [client A] from the lift van she leaned forward and flipped her wheelchair off of the lift and hit the ground. She was assessed by the nurse and sent to the ER (emergency room) to be assessed. She had a cut on her lower lip that was bleeding but was able to be stopped...."</p> <p>The facility's 10/6/11 follow-up report indicated client A's wheelchair had a "...safety belt and it was buckled. Yes she was secured on the van lift. The staff is being counseled about the van lift and the proper use of it."</p> <p>The facility's undated Investigation Summary indicated the incident was</p>	W0189	<p>W 189</p> <p>Plan of Correction: Staff will be retrained on the use of van lifts to ensure a client's safety.</p> <p>Preventive Action: The QMRP-D will be retrained on recognizing when staff retraining is needed.</p> <p>Monitoring: The QMRP or Director of Residential Services will monitor that the training gets completed.</p> <p>Date to Be Completed By: January 5, 2012 Responsible Party: Director of Residential Services, QMRP, QMRP-D</p>	01/05/2012	

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	<p>witnessed by 2 consumers and 1 staff person. The undated investigation indicated client A leaned forward to get something off the lift and the client's wheelchair tipped forward causing the client to fall off the lift. The undated Investigation Summary indicated facility staff was being "...counseled about the van lift and the proper use of it..."</p> <p>Interview with administrative staff #3 on 12/5/11 at 3:55 PM indicated she did not know if staff were retrained or not but she would attempt to locate the information.</p> <p>Interview with administrative staff #2 on 12/5/11 at 4:09 PM indicated administrative staff #3 was not able to locate any documentation staff were retrained in regard to the use of the van lift. Administrative staff #2 stated the training had been done "informally" by the previous QMRP-D (Qualified Mental Retardation Professional-Designee) at the group home.</p> <p>This deficiency was cited on 10/24/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>				

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W0227	<p>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.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (D), the client's Individual Program Plan (IPP) failed to address the client's identified behavioral need.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 12/5/11 at 2:15 PM. The facility's reportable incident reports indicated the following:</p> <p>-11/17/11 client D walked up to client A and hit client A on her hand. The reportable incident report indicated client A was not injured and client D "...will be counseled about her finding better ways to express her emotions."</p> <p>-11/22/11 client D hit client F. The 11/22/11 reportable incident report indicated client F was not injured.</p> <p>-11/23/11 client D walked up to a client and hit a peer at the day program.</p> <p>During the 12/5/11 observation period between 4:00 PM and 6:15 PM, at the</p>	W0227	<p>W 227</p> <p>Plan of Correction: Client D's behavior plan will be revised to include physical aggression</p> <p>Preventive Action: The QMRP-D will be retrained on revising behavior plans when appropriate.</p> <p>Monitoring: The QMRP-D will monitor the implementation of the new plan by being in the home with Client D at least three times per week. The Director of Residential Services or QMRP will monitor that the behavior plan gets revised and continues to get revised when needed.</p> <p>Responsible Party: The Director of Residential Services, QMRP and QMRP-D Date to Be Completed by: January 5, 2012.</p>	01/05/2012	

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	<p>group home, client D hit facility staff #2 in the arm when the staff attempted to redirect client D from throwing clean clothes to the floor in the laundry room.</p> <p>Client D's record was reviewed on 12/6/11 at 11:20 AM. Client D's 11/15/11 Behavior Support Plan (BSP) indicated client D demonstrated anger outbursts defined as "...client will yell or scream, and threaten nearby staff and/or clients..." The 11/15/11 BSP did not specifically address client D's physical aggression toward others.</p> <p>Interview with staff #1 on 12/5/11 at 5:30 PM indicated client D demonstrated physical aggression and would hit others.</p> <p>Interview with administrative staff #2 and QMRP-D (Qualified Mental Retardation Professional-Designee) #1 on 12/6/11 at 3:02 PM indicated client D demonstrated physical aggression. Administrative staff #2 indicated she thought client D's 11/15/11 BSP addressed client D's anger outbursts including the client's physical aggression/hitting of others. QMRP-D#1 and administrative staff #2 indicated client D's 11/15/11 BSP did not specifically address the client's physical aggression/hitting of others.</p> <p>This deficiency was cited on 10/24/11.</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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W9999	The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-4(a)	W9999	According to our paperwork there is no W9999 citation.	01/05/2012	