

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G095	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  12/28/2011
NAME OF PROVIDER OR SUPPLIER  KNOX COUNTY ARC			STREET ADDRESS, CITY, STATE, ZIP CODE 1814 WASHINGTON AVE VINCENNES, IN47591		
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W0000	<p>This visit was for an investigation of complaint #IN00101314.</p> <p>This survey was done in conjunction with a post-certification revisit (PCR) survey to the fundamental annual recertification and state licensure survey completed on 9/12/11.</p> <p>Complaint #IN00101314-Substantiated, federal and state deficiencies related to the allegation(s) are cited at W111 and W368.</p> <p>Dates of Survey: 12/20, 12/21, 12/22 and 12/28/11</p> <p>Provider Number: 15G095 Facility Number: 000634 AIM Number: 100233980</p> <p>Surveyors: Paula Chika, Medical Surveyor III, Team Leader</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 1-5-12 by C. Neary, Program Coordinator.</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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W0111	<p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>Based on interview and record review for 4 of 4 sampled clients (A, B, C and D), the facility failed to ensure pertinent information in regard to the clients' health, behavior and programs were a part of the clients' records/charts.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 12/21/11 at 12:07 PM. Client A's record indicated the following:</p> <p>-last monthly summary/review of the client's 8/26/11 Individual Program Plan objectives was dated 10/17/11 which covered the month of September 2011. Client A had no additional monthly reviews in his chart for 11/11.</p> <p>-client A did not have a 10/1/11 behavior plan in client A's record/chart.</p> <p>-client A's last monthly nursing note located in the client's chart/record was dated 10/11.</p> <p>-last quarterly pharmacy review in the record was dated 7/11. There was no</p>	W0111	<p>W111</p> <p>Plan of Correction: Nursing staff and QMRP-D will be trained to monitor the consumers' files to maintain the record keeping system.</p> <p>Preventive Action: The Director of Health Services will train the nurses on the filing system and to review the files to ensure the previous months are in the files. The QMRP will train the QMRP-Ds on the filing system to review the client's files to ensure the previous months are in the files.</p> <p>Monitoring: The Director of Health Services and QMRP will monitor the records monthly to ensure all the relevant documents are a part of the clients' records/charts.</p> <p>Responsible Party: Director of Residential Services</p> <p>Date to be completed: January 27, 2012</p>	01/27/2012	

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	<p>additional pharmacy review found in the record between August 2011 and December 21, 2011.</p> <p>2. Client B's record was reviewed on 12/21/11 at 12:52 PM. Client B's record indicated the following:</p> <p>-client B's September 1 through September 30, 2011 monthly review indicated the client had a behavior plan. Client B's record indicated the client did not have a current Behavior Support Plan (BSP) on file in his record.</p> <p>-client B's last monthly summary/review of the client's 9/1/11 IPP objectives was dated 10/17/11 which covered the month of September 2011. Client B had no additional monthly reviews in his chart for 11/11.</p> <p>-client B's 11/11 Medication Administration Record and physician's order indicated the client received psychotropic/behavioral medications of Lexapro and Risperdal. Client B's Dyskinesai Identification System Condensed User Scale (DISCUS-assessment of side effects from the use of behavior drugs) indicated the last DISCUS located in client B's chart was dated 6/16/09.</p>				

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	<p>-client B's last monthly nursing note located in the client's chart/record was dated 10/11.</p> <p>-last quarterly pharmacy review in the record was dated 7/11. There was no additional pharmacy review found in the record between August 2011 and December 21, 2011.</p> <p>3. Client C's record was reviewed on 12/21/11 at 1:32 PM. Client C's record indicated the following:</p> <p>-client C's last monthly summary/review of the client's 5/8/11 IPP objectives was dated 10/17/11 which covered the month of September 2011. Client C had no additional monthly reviews in his chart for 11/11.</p> <p>-client C's last monthly nursing note located in the client's chart/record was dated 10/11.</p> <p>-last quarterly pharmacy review in the record was dated 7/11. There was no additional pharmacy review found in the record between August 2011 and December 21, 2011.</p> <p>4. Client D's record was reviewed on 12/21/11 at 1:55 PM. Client D's record indicated the following:</p>				

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	<p>-client D's last monthly nursing note located in the client's chart/record was dated 10/11.</p> <p>-client D's last monthly summary/review of the client's 8/26/11 IPP objectives was dated 10/17/11 which covered the month of September 2011. Client D had no additional monthly reviews in his chart for 11/11.</p> <p>-client D's 2/19/11 Behavior Intervention Plan indicated the client received Wellbutrin, Paxil and Thorazine to "assist in controlling behavior." Client D's last DISCUS located in client B's chart was dated 6/30/10.</p> <p>-last quarterly pharmacy review in the record was dated 7/11. There was no additional pharmacy review found in the record between August 2011 and December 21, 2011.</p> <p>Interview with administrative staff #1, #2 and #3 on 12/22/11 at 10:00 AM indicated client A, B, C and D's monthly summaries had been completed and should be in the clients' records. Administrative staff #2 and #3 indicated clients A and B both had current behavior plans and the behavior plans should be filed in the clients' records.</p>				

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	<p>Administrative staff #2 and #3 indicated the facility's Human Rights Committee had just reviewed some of the clients' restrictive programs. Administrative staff #2 and #3 indicated the original behavior plans may not be in the clients' charts as they had been pulled to be reviewed. Administration staff #2 and #3 did not confirm the location of the clients' behavior plans. Administrative staff #1, #2 and #3 indicated clients' health, behavioral and program information should be part of the clients' records/charts.</p> <p>Interview with LPN #1 and LPN #2 on 12/22/11 at 12:30 PM indicated clients A, B, C and D all had current nurse monthly assessments which were completed for the month of 11/11. LPN #1 and #2 indicated clients B and D also had current DISCUS assessments completed on 4/18/11. LPN #1 and #2 indicated the facility had a part-time staff filing/placing documents in clients' records/charts. LPN #1 and #2 indicated the part-time staff was behind with the filing. LPN #1 and #2 had copies of the above mentioned items, but the original documents were still waiting to be filed. LPN #1 and #2 indicated client A, B, C and D's last pharmacy review was completed at the end of 9/11. LPN #1 stated the pharmacy reviews were "still in processing." LPN #1 and #2 indicated the</p>				

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W0368	<p>pharmacy recommendations had to be sent from the pharmacist and the recommendations to the doctor to be addressed before being placed in the clients' records/charts.</p> <p>This federal tag relates to complaint #IN00101314.</p> <p>9-3-1(a)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview with 1 of 4 sampled clients (D) and for 3 additional clients (F, G and H), the facility failed to ensure clients' medications were administered as ordered.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 12/21/11 at 10:26 AM. The facility's reportable incident reports/investigations indicated the following:</p> <p>-10/22/11 "It was reported that [staff #3] did not give [client D] his 1 tab (tablet) of Chlorpromazine (behavior) 100 mg at 6am on the morning of 10-22-11. the nurse was notified of the incident..."</p>	W0368	<p>W368</p> <p>Plan of Correction: The nursing staff will ensure that all direct support professionals and staff are properly trained on medication administration as ordered by physicians. A buddy check system will be implemented to have a second staff person check the medication administration record.</p> <p>Preventative Measures: The director of Health Services will ensure that all nursing staff is properly trained and that all direct care staff are properly retrained in medication administration.</p> <p>Monitoring: The Director of Health Services will monitor training of all staff. The QMRP-D's will monitor the implementation of the buddy check system.</p>	01/27/2012	

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	<p>-10/22/11 "It was reported [staff #4] gave incorrect medication to [client H] on 10-22-11. The order reads she was to give Haldol (behavior) 15mg 1 tab by mouth at 9pm. She only gave 10mg of Haldol..."</p> <p>-10/14/11 "[Client F] did not receive his Nasonex Nasal Spray (allergies) 50mg due to [staff #2] believed that there was no more in the home. The new bottle was in the drawer and [staff #2] did not see it...."</p> <p>-9/27/11 "It was reported last night that [client D] received his Paxil 10mg (milligrams) (behavior) at both 6am and 9pm. It is prescribed as Paxil 10mg 1 time daily at 9pm...The staff will monitor for any side effects and report it to the nurse..."</p> <p>Client G's 12/11 Medication Administration Record (MAR) was reviewed on 12/20/11 at 5:50 PM. Client G's 12/11 MAR indicated client G received Doxazosin (Hypertension) 4 milligrams at bedtime. Client G's 12/4/11 9 PM MAR for the Doxazosin was blank. The 12/11 MAR did not indicate documentation on the back of the MAR for why the medication was not initialed as administered.</p>		<p>Responsible Party: The Director of Health Services</p> <p>Date to be completed: January 27, 2012</p>		

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	<p>Interview with LPN #1 and #2 on 12/22/11 at 12:30 PM indicated clients' medications should be administered as ordered. LPN #1 and LPN #2 stated the staff should have been retrained in regard to medication administration and/or the "six rights of medications."</p> <p>This federal tag relates to complaint #IN00101314.</p> <p>9-3-6(a)</p>				