

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G202	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/24/2011
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NAME OF PROVIDER OR SUPPLIER  KNOX COUNTY ARC - BICKNELL 1	STREET ADDRESS, CITY, STATE, ZIP CODE 628 W 7TH ST BICKNELL, IN47512
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 17, 18, 19, 20 and 24, 2011.</p> <p>Surveyors: Dotty Walton, Medical Surveyor III-Team Leader Paula Chika, Working Leader/Medical Surveyor III (10/17/11)</p> <p>Facility Number: 000732 AIM Number: 100243240 Provider Number: 15G202</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/15/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 20 investigations reviewed, for 4 of 4 sampled clients (#1, #2, #3 and #4), and 2 additional clients (#6 and #7), the facility failed to implement policies and procedures which prohibited abuse of clients.</p>	W0149	<p>W149 Plan of Correction: All staff will be retrained on the abuse/neglect policy. Handling of consumer finances will be included in this training. The investigation will be reviewed to determine if an explanation for the missing funds can be determined.</p>	11/27/2011

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>Findings include:</p> <p>Facility investigations were reviewed on 10/17/11 at 2:25 PM, on 10/18/11 at 1:00 PM and on 10/19/11 at 3:00 PM. The review indicated an investigation dated 10/07/11 which indicated clients #1, #2, #3, #4, #6 and #7 had missing personal funds. The 10/07/11 investigation indicated a review of clients' cash on hand accounts which indicated the following: client #1 was missing \$11.20, client #2 was missing \$14.72, client #3 was missing \$1.00, client #4 was missing \$11.00, client #6 was missing \$6.00, and client #7 was missing \$18.79. The investigation summary indicated no explanation could be found for the missing money.</p> <p>Review on 10/19/11 at 12:30 PM of the facility's 10/01/11 Neglect, Abuse, Battery, Exploitation Policy indicated the following: "Neglect, abuse, battery or exploitation of any Knox County ARC consumer by any person will not be tolerated. Staff, employees and volunteers are expected to have a thorough understanding of all facets of this policy...." The definition of abuse was as follows: "'Abuse' refers to the ill treatment, violation, to speak abusively, slanderous defamation, exploitation and/or otherwise</p>		<p>Preventive Action: All staff will be retrained on the abuse/neglect policy. Handling of consumer finances will be included in this training. The Director of Residential Services will train the QMRP. The QMRP will train the QMRP-D. The QMRP-D will train the Assistant Manager and Direct Support Professionals.</p> <p>Monitoring: The QMRP-D or Assistant Manager will review consumer finances for accuracy at least five days per week.</p> <p>Date to Be Completed by: November 27, 2011 Responsible Party: Director of Residential Services.QMRP, QMRP-D, Assistant Manager</p>		

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W0192	<p>disregard of a consumer, whether purposeful, or due to carelessness, inattentiveness, or omission of the perpetrator."</p> <p>Interview with Qualified Developmental Disabilities Professional designee (QDDPd) #3, on 10/20/11 at 11:00 AM, indicated no explanation could be found for the missing money.</p> <p>9-3-2(a)</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation, record review and interview for 3 of 4 sampled clients (#1, #3, #4), and 1 additional client (#6), the facility failed to ensure staff were trained in how to administer client treatments/liquid medications.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 10/18/11, staff #10 was observed to prepare client #3's Castor Oil 30 ml./milliliters (vitamin supplement) and 30 ml. of lactulose syrup (laxative) into a full 10 ounce glass of beverage. Client #3 was observed to refuse to drink the beverage containing her medications.</p>	W0192	<p>W192 Plan of Correction: Staff will be retrained on medication administration and treatment administration.</p> <p>Preventive Action: Staff will be retrained on medication administration and treatment administration. The Director of Health Services will train the nurse. The nurse will train the QMRP, QMRP-D, Assistant Manager and Direct Support Professionals.</p> <p>Monitoring: The QMRP, QMRP-D or nurse will observe at least one medication pass per week.</p> <p>Date to be Completed by:</p>	11/27/2011	

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	<p>During observations at the facility on 10/19/11 from 5:07 AM until 8:45 AM, the medication administration was observed. Staff #7 poured 15 ml./milliliters of Chlorhexidine (oral rinse for gingivitis) for client #4 and gave it to staff #5 for administration to client #4 at 6:00 AM. Staff #7 poured 15 ml. of Chlorhexidine and gave the medication to staff #6 who in turn gave it to staff #3 for application to client #1 at 6:17 AM. At 7:01 AM on 10/19/11, staff #7 poured 15 ml. of Chlorhexidine for client #6 and gave it to staff #4 for administration.</p> <p>Review of the 10/11 Medication Administration Records/MARs on 10/19/11 at 7:30 AM for clients #1, #4, and #6 indicated staff #7 had signed as having administered the Chlorhexidine. Review of staff personnel files on 10/18/11 at 2:25 PM and on 10/20/11 at 12:00 PM indicated staff #7 had received training in medication administration in 2/11. Staff #3 had received medication administration training in 4/11. Staff #5 had received medication administration training in 9/11. Staff #4 had received medication administration training in 9/11. Staff #6 had received medication administration training in 9/11.</p> <p>Interview with LPN #13 on 10/19/11 at</p>		<p>November 27, 2011 Responsible Party: Director of Health Services, Nurse, QMRP, QMRP-D</p>		

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W0240	<p>2:45 PM, indicated staff #7 should not have poured and signed for the Chlorhexidine if he did not personally administer it. The interview indicated staff #10 should not have mixed two liquid medications for client #3 and should have used a lesser amount of beverage when preparing it for consumption. The interview indicated staff #3, #4, #5, #6, #7, and #10 were in need of retraining regarding administration of liquid medications and oral treatments.</p> <p>9-3-3(a)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to include methodologies for staff to use in assisting the client in being evacuated in time of emergency by a single staff.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 10/18/11 from 4:15 PM until 6:15 PM and on 10/19/11 from 5:07 AM until 7:15 AM client #3 was observed. Client #3 was observed to be seated in a</p>	W0240	<p>W240</p> <p>Plan of Correction: A plan will be developed for evacuating Client 3 during emergencies. This plan will be added to Client 3's IPP. All Direct Support Professionals will be trained on this plan.</p> <p>Preventive Action: A plan will be developed for evacuating Client 3 during emergencies. This plan will be added to Client 3's IPP. All IPP's will be reviewed to ensure a proper plan is listed on each IPP when necessary. A section will be added to the IPP template for this information.</p>	11/27/2011			

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	<p>wheelchair but was unable to mobilize the wheelchair independently.</p> <p>Client #3's record was reviewed on 10/19/11 at 3:00 PM and indicated an Individual Program Plan/IPP dated 8/12/11. The IPP indicated staff used a mechanical lift to move client #3 from her bed, to the wheelchair and to bathing/toileting equipment. The IPP indicated client #3's diagnosis included, but was not limited to, cerebral palsy with spastic quadriplegia. The IPP contained no methodology for transporting client #3 to safety in case of emergency by a single staff.</p> <p>Review of facility staffing schedules on 10/19/11 at 1:00 PM indicated on 10/17/11, 10/18/11 and 10/19/11 one staff was alone in the facility from 11:00 PM until 5:00 AM and would be responsible for evacuating client #3 in time of emergency.</p> <p>Interview with staff #6 on 10/19/11 at 5:15 AM indicated client #3 was a two person lift or the mechanical lift was to be used. The interview indicated client #3 could not bear weight and two staff assisted her with transfers. The interview indicated, in time of emergency with only one staff evacuating client #3, mattresses and/or sheets were to be used to move her</p>		<p>Monitoring: The QMRP/QMRP-D will, when writing new IPP's, ensure each section is filled out appropriately.</p> <p>Date to be Completed By: November 27, 2011 Responsible Party: QMRP/QMRP-D</p>		

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	to safety. Interview with Qualified Developmental Disabilities Professional designee (QDDPd) #3, on 10/20/11 at 2:00 PM, indicated no methods for safe evacuation/transport by a single staff were contained in client #3's IPP. 9-3-4(a)				

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W0426	<p>The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.</p> <p>Based on observation, record review and interview, for 4 of 4 sampled clients (#1, #2, #3 and #4), and 2 additional clients (#5 and #6), the facility failed to ensure the water temperature did not exceed 110 degrees Fahrenheit for those individuals who could not mix water independently.</p> <p>Findings include:</p> <p>During observations at the facility on the morning of 10/19/11 at 8:20 AM the water temperature in the first client bathroom's sink on the left side was measured to be 120 degrees Fahrenheit.</p> <p>Client #1's record was reviewed on 10/19/11 at 3:35 PM and indicated an Individual Program Plan/IPP dated 8/12/11. The IPP indicated client #1 required physical prompting to mix water to a safe temperature.</p> <p>Client #2's record was reviewed on 10/19/11 at 2:28 PM and indicated an IPP dated 8/31/11. The IPP indicated client #2 required verbal prompting to mix water to</p>	W0426	<p>W426</p> <p>Plan of Correction: Staff will be retrained to check the water temp daily and report any temp over 110 degrees to maintenance immediately. Maintenance already adjusted the water temperature to ensure it did not exceed 110 degrees.</p> <p>Preventive Action: : Staff will be retrained to check the water temp daily and report any temp over 110 degrees to maintenance immediately. Maintenance will be retrained to respond immediately when it is reported that the water temp has exceeded 110 degrees.</p> <p>Monitoring: Staff will check the water temperature at each location at 4 a.m. each morning.</p> <p>Date to Be Completed By: November 27, 2011 Responsible Party: QMRP/QMRP-D, Maintenance, Direct Support Professionals</p>	11/27/2011

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W0440	<p>a safe temperature.</p> <p>Client #3's record was reviewed on 10/19/11 at 3:00 PM and indicated an IPP dated 8/12/11. The IPP indicated client #3 required physical prompting to mix water to a safe temperature.</p> <p>Client #4's record was reviewed on 10/19/11 at 12:35 PM and indicated an IPP dated 6/15/11. The IPP indicated client #4 required physical prompting to mix water to a safe temperature.</p> <p>Interview with Qualified Developmental Disabilities Professional designee (QDDPd) #3, on 10/19/11 at 8:25 AM, indicated clients #1, #2, #3, #4, #5, and #6 were not independent in mixing water to safe temperatures for bathing and handwashing.</p> <p>9-3-7(a)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), and 3 additional clients (#5, #6 and #7 ), the facility failed to ensure day shift and sleeptime evacuation drills were conducted at least quarterly.</p> <p>Findings include:</p>	W0440	<p>W440</p> <p>Plan of Correction: The evacuation drill schedule will be reviewed and revised if necessary. Staff will be retrained on conducting emergency drills according to the drill schedule.</p> <p>Preventive Action: The evacuation drill schedule will be reviewed and revised if</p>	11/27/2011	

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NAME OF PROVIDER OR SUPPLIER  KNOX COUNTY ARC - BICKNELL 1			STREET ADDRESS, CITY, STATE, ZIP CODE 628 W 7TH ST BICKNELL, IN47512		
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	<p>Fire evacuation drills from 10/10 to 10/11 with clients #1, #2, #3, #4, #5, #6 and #7 as participants were reviewed on 10/19/11 at 11:45 AM.</p> <p>The review indicated no sleeptime fire evacuation drill (11:00 PM until 5:00 AM) for the fourth quarter of 2010 (October, November and December), the first quarter of 2011 (January, February and March), the second quarter of 2011 (April, May and June), or the third quarter of 2011 (July, August and September). The review indicated no daytime drill (6:00 AM to 2:00 PM) for the third quarter of 2011 (July, August and September).</p> <p>Interview with Qualified Developmental Disabilities Professional designee (QDDPd) #3, on 10/19/11 at 12:00 PM, indicated there were no additional drill records for the facility.</p> <p>9-3-7(a)</p>		<p>necessary. Staff will be retrained on conducting emergency drills according to the drill schedule.</p> <p>Monitoring: The QMRP-D will monitor the timely completion of each drill. If a drill does not get completed on the assigned day, the QMRP-D will ensure it is done the following day at the assigned time.</p> <p>Date to Be Completed By: November 27, 2011 Responsible Party: Administrative Assistant (Emergency drill review/revise/train), QMRP-D (monitoring)</p>		