

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  02/06/2012	
NAME OF PROVIDER OR SUPPLIER  KNOX COUNTY ARC				STREET ADDRESS, CITY, STATE, ZIP CODE 2918 E ARC AVE BLDG 101 VINCENNES, IN 47591			
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W0000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>This visit was in conjunction with a post certification revisit (PCR) survey to the PCR to the investigation of complaint #IN00098580 which resulted in an Immediate Jeopardy.</p> <p>This visit was in conjunction with a PCR to the investigation of complaint #IN00100293.</p> <p>Dates of Survey: 1/30, 1/31, 2/1, 2/2 and 2/6/12</p> <p>Facility Number: 002939 Provider Number: 15G689 Aim Number: 200333130</p> <p>Surveyors: Jenny Rida, Medical Surveyor III-Team Leader Paula Chika, Medical Surveyor III (1/31/12 to 2/6/12)</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/15/12 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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W0312	<p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on interview and record review for 2 of 4 sampled clients (#1 and #3) on behavior controlling medications, the facility failed to ensure the clients had active treatment programs for the use of PRN (as needed) medications for medical/dental procedures.</p> <p>Findings include:</p> <p>1. Client #3's record was reviewed on 2/1/12 at 1:46 PM. Client #3's 1/9/12 physician's order indicated client #3 received Valium 5 milligrams 1 hour prior to dental procedures.</p> <p>Client #3's 6/10/11 Individual Program Plan (IPP) and/or 11/15/11 Behavior Support Plan (BSP) did not indicate the client had an active treatment program/desensitization plan which addressed the client's behaviors/need to use a PRN during dental appointments.</p> <p>Interview with administrative staff #1, RN #1 and the Qualified Developmental Disabilities Professional-Designee (QDDP) on 2/2/12 at 11:15 AM indicated client #3's IPP and/or BSP did not address</p>	W0312	<p>Plan of Correction: Desensitization/active treatment plans will be developed for Clients 1 and 3 concerning the use of PRN medication prior to medical/dental procedures.</p> <p>Preventive Action: The Group Home Manager and the Group Home Coordinator will be trained on when it is appropriate to create a desensitization plan and on how to create a desensitization plan. The Director of Residential Services and/or a Behavior specialist from outside the agency will complete this training.</p> <p>Monitoring: The Group Home Coordinator will monitor that desensitization plans are in place when necessary by reviewing each individualized plan quarterly.</p> <p>Date to Be Completed By: March 7, 2012 Responsible Party: Director of Residential Services, Group Home Coordinator, Group Home Manager</p>	03/07/2012			

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	<p>the use of a PRN for behaviors for dental appointments. Administrative staff #1 indicated the facility was in the process of developing plans for clients who required the use of PRNs for appointments.</p> <p>2. Client #1's record was reviewed on 2/2/12 at 8:52 AM. Client #1's 6/10/11 IPP indicated client #1 required the use of a PRN (Valium) for behavior prior to dental/medical procedures. Client #1's 6/10/11 IPP and/or 10/20/11 BSP did not include a specific active treatment program which addressed the use of a PRN prior to dental and/or medical procedures.</p> <p>Interview with administrative staff #1, RN #1 and the Qualified Developmental Disabilities Professional-Designee (QDDP) on 2/2/12 at 11:15 AM indicated client #1's IPP and/or BSP did not address the use of a PRN for behaviors for dental/medical procedures.</p> <p>Administrative staff #1 indicated the facility was in the process of developing plans for clients who required the use of PRNs for appointments/procedures.</p> <p>9-3-5(a)</p>				

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W0369	<p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 1 of 25 doses of medication administered, the facility failed to ensure staff administered client #6's medication as ordered.</p> <p>Findings include:</p> <p>During the 1/31/12 6:00 AM medication pass at 6:20 AM, staff #1 administered Hydrochlorhexidine .12% solution rinse to client #6.</p> <p>Client #6's 1/12 physician's order was reviewed on 2/1/12 at 2:00 PM. Client #6's 1/12 physician's order indicated client #6 was to receive Hydrochlorhexidine .12% solution rinse three times daily after breakfast, lunch and before bedtime for oral hygiene and periodontal disease.</p> <p>During the morning observation on 1/31/12 from 5:45 AM to 7:00 AM client #6 was observed eating four biscuits, sausage gravy, and a bowl of dry cereal at 6:45 AM.</p> <p>Interview with Director of Residential Services (DRS) on 2/2/12 at 11:20 AM indicated staff should have given client #6's Hydrochlorhexidine .12% solution</p>	W0369	<p>W369 Plan of Correction: All staff will be retrained on medication administration. They will specifically be trained paying close attention to "before meals" and "after meals" directions on the MAR. Preventive Action: All staff will be retrained on medication administration. They will specifically be trained paying close attention to "before meals" and "after meals" directions on the MAR. Monitoring: The Group Home Manager and/or nurse will monitor a medication pass at least once weekly. Date to Be Completed By: March 7, 2012 Responsible Party: Nurse, Group Home Manager</p>	03/07/2012			

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	rinse as ordered by the physician after his breakfast.  9-3-6(a)			
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W0436	<p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients with adaptive equipment (#4) and 1 additional client (#8), the facility failed to ensure client #4's gait belt was used as specified in her plan. The facility failed to ensure client #8's wheelchair was in good repair.</p> <p>Findings include:</p> <p>1. During the 1/30/12 observation period between 3:30 PM to 6:30 PM at the group home, client #4 was using her wheelchair. Client #4's wheelchair had a gait belt hanging off the back. At 4:30 PM client #4 was transferred from her wheelchair to her dining room chair with a one person transfer. The gait belt was not utilized for the transfer.</p> <p>Client #4's record was reviewed on 2/1/12 at 1:15 PM. Client #4's 1/11 Physical Therapy assessment indicated client #4 is to have the gait belt utilized during all transfers from her wheelchair.</p> <p>Interview with the Home Manager (HM)</p>	W0436	<p>Plan of Correction: Staff will be retrained on the use of Client 4's gait belt. Client 8 will receive a wheelchair assessment. In the meantime her current wheelchair will be repaired.</p> <p>Preventive Action: Staff will be retrained on the use of Client 4's gait belt. Staff will be trained on following individualized plans. Staff will also be retrained on when to inspect wheelchairs, when to report damages to wheelchairs and who to report these damages to.</p> <p>Monitoring: The Group Home Manager will monitor the wheelchair inspection checklist to ensure the chairs are being inspected as required.</p> <p>Date to Be Completed By: March 7, 2012 Responsible Party: Group Home Manager</p>	03/07/2012			

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	<p>on 2/1/12 at 12:45 PM indicated client #4 is to have her gait belt used for all transfers to and from her wheelchair.</p> <p>2. During the 1/30/12 observation period between 3:30 PM to 6:30 PM at the group home, client #8 was using her wheelchair. Client #8's right side arm rest of her wheelchair was worn and the foam padding was showing.</p> <p>Client #8's record was reviewed on 2/1/12 at 3 PM. Client #8's record indicated client #8 is to use her wheelchair full time. No wheelchair assessment could be located in client #8's record.</p> <p>Interview with the Home Manager (HM) on 2/1/12 at 12:45 PM indicated client #8 is in a loaner chair and has not been assessed for a new wheelchair.</p> <p>9-3-7(a)</p>				