

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G202	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/23/2015
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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, IN 47512
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W 0000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: December 17, 18, 22 and 23, 2015</p> <p>Provider Number: 15G202 AIMS Number: 100243240 Facility Number: 000732</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/8/16.</p>	W 0000		
W 0159  Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 1 of 3 sampled clients (#3), the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure the</p>	W 0159	<u>Guardian will be notified to discuss the appropriateness of the request to hold all gynecological exams. The IDT paperwork will be modified to</u>	02/01/2016

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>Interdisciplinary Team (IDT) addressed whether a request from the client's parent/guardian indicating no gynecological appointments, no pelvic exams and no pap smears be performed was still appropriate.</p> <p>Findings include:</p> <p>During client #3's record review on 12/22/15 at 1:50 PM, a paper dated 2/23/12 and signed by the client's parent/guardian indicated "Do not want [Client #3] to be seen by a gynecologist or have a pap or pelvic exam." There were no records of any pap smear in the client's record since her admission to the facility on 6/15/12.</p> <p>Interview with the facility nurse, the QIDP (Qualified Intellectual Disabilities Professional) and the Program Coordinator was completed on 12/23/15 at 9:55 AM. The Program Coordinator stated "there was no formal team meeting held in reference to whether the mother's request was appropriate for preventative health screening for [client #3]. The mother feels it would be too traumatizing for the client."</p> <p>9-3-3(a)</p>		<p><u>include discussion of medical holds per guardian's request.</u> <u>The QIDP or QIDP(d) will ensure this is discussed at each annual meeting.</u></p>				

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W 0312 Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <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 record review and interview for 1 of 3 sampled clients (#2) who took a behavior control medication, the facility failed to ensure the medication was part of the client's Behavior Support Plan (BSP).</p> <p>Findings include:</p> <p>Review of client #2's record was completed on 12/22/15 at 2:28 PM. Client #2's BSP dated 9/1/15 indicated client #2's diagnosis included, but was not limited to, moderate mental retardation. Client #2's physician's orders dated 12/1/15 - 12/31/15 indicated client #2 received Lexapro 10 mg (milligrams) by mouth daily for depression. The BSP failed to include the depression medication in the plan.</p>	W 0312	<p><u>BSP for the individual will be updated to include the use of behavior control medication. All BSP's will be reviewed to ensure that all behavior control medication is included in the plan. QIDP and QIDP(d) will be trained to ensure this is included in all future behavior plans. QIDP will review BSP's and medications monthly to ensure all behavioral medication changes have been updated in the BSP.</u></p>	02/01/2016

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W 0331 Bldg. 00	<p>Interview with the facility nurse on 12/23/15 at 9:45 AM indicated client #2 did not have this depression medication addressed in his BSP. She stated "quite frankly, I didn't even know he had been prescribed the medication. It at least should have been included in his risk plan."</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review, observation and</p>	W 0331	<u>Appointments have been made for</u>	02/01/2016

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	<p>interview for 2 of 3 sampled clients (#1 and #2), the facility's nursing services failed to obtain an appropriate medication form based on the physician ordered diet for the client. The facility's nursing services also failed to schedule a follow up audiology referral as well as a follow up to the original audiologist (client #1) and failed to schedule physician ordered labs (client #2).</p> <p>Findings include:</p> <p>1) During observation of the medication pass on 12/17/15 at 5:40 PM, the RM (Residential Manager) of the group home was observed giving client #1 Colace 100 mg (milligrams) by inserting a thumb tack into the geltab to release a few drops of the liquid medication into a medicine cup.</p> <p>The RM was interviewed on 12/17/15 at 5:50 PM regarding this technique. She stated "because the client is on a pureed diet and these Colace geltabs can not be crushed, the nurse told us to poke a hole in it to release the medication. I don't see it being very effective as we can only get 2 or 3 drops out of each geltab. [Client #2] has a PRN (as needed) order for this same medication in a liquid form. I am not sure why it's not like that for the routine medication for [client #1]."</p>		<p><u>follow-ups needed. Medications have been ordered in the appropriate form to correspond with physician's orders. Nurses will beretrained on medication review process and follow through on physician requested follow-up appointments. Medication audit will be included in the Nurse's monthly house review checklist to include PRN's in order to ensure all medications meet the dosage form as recommended by the physician. The filing system for the Health Services department will be adjusted to ensure that pending follow-up appointments are more effectively tracked.</u></p>	

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	<p>Client #1's record review was completed on 12/22/15 at 12:30 PM. The 12/1/15 - 12/31/15 physician's orders indicated he received Colace 100 mg - give twice daily for constipation. The physician's orders also indicated client #1 was on a "pureed diet and to crush all medications that can be crushed."</p> <p>The facility nurse was interviewed on 12/23/15 at 9:45 AM. She stated "I really wasn't aware the group home staff were having to administer the medication (Colace) that way. I will call the physician and the pharmacy to have it changed to a liquid."</p> <p>2) During client #1's record review on 12/22/15 at 12:30 PM, a medical form from the client's audiologist dated 5/27/15 indicated "Eustachian tube dysfunction, cerumen impaction of left ear, hearing loss, repeat audiogram in 3 months." A follow up medical form from the same audiologist dated 8/27/15 indicated "Rear (sic) fluid, failed hearing test, needs [Name of Audiology Facility] referral for further evaluation, follow up with me after." There were no records indicating client #1 had been referred to the Audiology Facility for an evaluation or that he had a follow up with the referring audiologist.</p>			

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	<p>The facility nurse was interviewed on 12/23/15 at 9:50 AM. She stated "for some reason, [Name of Audiology Facility] never got the referral from the [Name of Audiologist]. Evidently the ball got dropped. I will make sure the referral is made immediately."</p> <p>3) During client #2's record review on 12/22/15 at 2:28 PM, a form entitled Annual Physical dated 4/2/15 indicated the primary care physician had requested the client to have the following labs: TSH (Thyroid Stimulating Hormone), PSA (Prostate Specific Antigen), Lipid Panel and an Uric Acid level. There were no records to indicate the labs had been completed.</p> <p>The facility nurse was interviewed on 12/23/15 at 9:45 AM. She stated "I checked with the hospital where we normally have the lab work done and they have no record of them being completed. I will make sure they are done immediately. Another nurse was in charge of the group home clients at that time."</p> <p>9-3-6(a)</p>			

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W 0454 Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Findings include:</p> <p>During observation of the medication pass on 12/17/15 at 5:40 PM, the RM (Residential Manager) of the group home was observed giving client #1 Colace 100 mg (milligrams) by inserting a thumb tack that was laying on the desk into the geltab to release a few drops of the liquid medication into a medicine cup.</p> <p>The RM was interviewed on 12/17/15 at 5:50 PM regarding this technique. She stated "because the client is on a pureed diet and these Colace geltabs can not be crushed, the nurse told us to poke a hole in it to release the medication."</p> <p>Client #1's record review was completed on 12/22/15 at 12:30 PM. The 12/1/15 -</p>	W 0454	<p><u>Medication was removed from the home and replaced with the appropriate form of the medication. Policy will be updated to include a statement referring to the prohibition of tampering with a medication outside of the doctor's orders. Nursing staff will be retrained on updated medication administration policy as well as infection control policy.</u></p>	02/01/2016

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	<p>12/31/15 physician's orders indicated he received Colace 100 mg - give twice daily for constipation. The physician's orders also indicated client #1 was on a "pureed diet and to crush all medications that can be crushed."</p> <p>The facility nurse was interviewed on 12/23/15 at 9:45 AM. She stated "I really wasn't aware the group home staff were having to administer the medication (Colace) that way. I will call the physician and the pharmacy to have it changed to a liquid." The nurse indicated the use of the thumb tack to puncture the Colace contraindicated their infection control policy.</p> <p>9-3-7(a)</p>			