

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G689	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/29/2015
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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, IN 47591
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W 0000 Bldg. 00	<p>This visit was for an investigation of Complaint #IN00178673.</p> <p>Complaint #IN00178673: Substantiated, Federal/state deficiencies related to the allegation(s) were cited at W189, W441, and W446.</p> <p>Dates of Survey: July 27, 28 and 29, 2015</p> <p>Facility Number: 002939 AIM Number: 200333130 Provider Number: 15G689</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0189 Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <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.</p>			

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>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to ensure staff were trained in regards to medication administration and ensuring all staff were trained to operate client B's electric hydraulic lift.</p> <p>Findings include:</p> <p>During observation at the group home on 7/27/15 between 2:55 am and 6:05 am, staff #4 was the only staff on duty (for clients A, B, C, D, E, F, G and H) until 4:25 am when the group home manager arrived.</p> <p>Interview with staff #4 was completed on 7/27/15 at 3:10 am. She indicated she had not been authorized to pass medications in the group home. She also stated "[Client B] requires either the use of two staff assist or the use of an electric hydraulic lift to transfer the client from the bed to a wheelchair. I am not certified to use the Hoyer Lift yet." Staff #4 also indicated since she was hired a few weeks ago, she has worked alone except for the first two nights when she was being trained.</p> <p>Review of the (undated) Group Home</p>	W 0189	<p>Staff #4 referenced in the complaint survey was trained the next day on proper use of client hydraulic lift and completed her competencies to pass medications. Administrator will immediately ensure that at least one current direct care staff in that group home on every shift is properly trained on use of client hydraulic lift. Administrator will immediately ensure that at least one direct care staff on duty in that group home on every shift has completed all competencies to pass medications. Training documentation for direct care staff in that home will reflect same.</p> <p>Administrator will also ensure that all current and future direct care staff in that group home will be properly trained on use of client hydraulic lift during her/his first two weeks of employment. Training documentation will reflect same.</p>	09/03/2015	

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	<p>Medication Administration Skills checklists of all staff working in the group home was completed on 7/28/2015 at 10:30 am. The records indicated staff #4 had not been signed off to pass medications in the group home.</p> <p>Review of the Verification of Competency forms revised 12/29/2014 of the group home staff was completed on 7/28/15 at 10:52 am. It indicated all staff except for staff #4 had been certified to operate the Hoyer Lift.</p> <p>During interview of the group home manager on 7/27/15 at 4:35 am, she stated "[staff #4] had not completed her competencies to pass medications nor had she received training on the use of [client B's] Hoyer Lift."</p> <p>This federal tag relates to Complaint #IN00178673.</p> <p>9-3-3(a)</p>			

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W 0441 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions.</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to hold evacuation drills at varied times during the third shift.</p> <p>Findings include:</p> <p>Review of the facility's fire/evacuation drills for the past 12 months was completed on 7/27/15 at 5:35 am. All fire drill evacuations included the participation of clients A, B, C, D, E, F, G and H. The fire evacuation drills were conducted on 8/23/14 at 4:45 am with two staff present, 11/9/14 at 7:00 am with 3 staff present, 3/2/15 at 6:05 am with 2 staff present, and at 5/16/15 at 12:00 am prior to 2nd shift staff leaving the group home. No fire drill evacuations were completed after 12:00 am and before 4:45 am when only one staff was working on</p>	W 0441	Evacuation drills on third shift will commence this month(September) at varied times. Administrator will ensure that the frequency and time variability of evacuation drills meet the requirements of the applicable Life Safety Code.	09/30/2015

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	<p>third shift.</p> <p>Client B's record review was completed on 7/27/15 at 1:53 pm. The record indicated client B utilized either a 2 person assist or the use of a hooyer lift to transfer from her bed to her wheelchair.</p> <p>A physical therapy note for client G dated 2/7/14 was reviewed on 7/28/15 at 10:52 am. The physical therapy note indicated a gait belt is to be utilized when getting her up from bed and transferring her to and from a wheelchair.</p> <p>Client H's record was reviewed on 7/28/15 at 10:52 am. A physician order dated 5/9/12, indicated "gait belt to be used in transfers."</p> <p>During interview with the group home manager on 7/27/15 at 4:35 am, she stated "fire drills should be done at different times throughout the third shift." She indicated she was not sure how successful a fire drill evacuation would be with only one staff working third shift. The group home manager stated "there is frequently only one staff working third shift."</p> <p>This federal tag relates to complaint #IN00178673.</p>			

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W 0446 Bldg. 00	<p>9-3-7(a)</p> <p>483.470(i)(2)(ii) EVACUATION DRILLS The facility must make special provisions for the evacuation of clients with physical disabilities.</p> <p>Based on observation, record review, and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to make special provisions for the evacuation of clients with physical disabilities. This included 3 clients who were non-ambulatory (clients B, G and H), 2 who required the use of a gait belt for transferring from a bed to a wheelchair (clients G and H), and the third client (client B) who required either a two person assist or the use of a Hoyer Lift to transfer from a bed to a wheelchair.</p> <p>Findings include:</p>	W 0446	<p>Administrator will immediately ensure that special provisions are made for the evacuation of clients with physical disabilities by adding a second direct care staff to third shift in that group home. The second direct care staff person will be scheduled for all hours of third shift, seven days a week. Payroll records will verify the presence of that second staff person in that fully sprinklered group home on third shift.</p> <p>Administrator will ensure the current written plan for emergency evacuations in that group home will be immediately updated to reflect the extra staff resources on third shift in that group home.</p>	09/03/2015

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	<p>Review of the facility's fire/evacuation drills for the past 12 months was completed on 7/27/15 at 5:35 am. All fire drill evacuations included the participation of clients A, B, C, D, E, F, G and H. The fire evacuation drills were conducted on 8/23/14 at 4:45 am with two staff present, 11/9/14 at 7:00 am with 3 staff present, 3/2/15 at 6:05 am with 2 staff present, and at 5/16/15 at 12:00 am prior to 2nd shift staff leaving the group home. No fire drill evacuations were completed after 12:00 am and before 4:45 am when only one staff was working on third shift.</p> <p>Client B's record review was completed on 7/27/15 at 1:53 pm. The record indicated client B utilized either a 2 person assist or the use of a Hoyer Lift to transfer from her bed to her wheelchair.</p> <p>A Medical Information Form reviewed on 7/28/15 at 10:52 am dated 2/7/14 signed by the physical therapist for client G indicated a gait belt is to be utilized when getting her up from bed and transferring her to her wheelchair.</p> <p>Client H's record was reviewed on 7/28/15 at 10:52 am. A physician order dated 5/9/12, indicated "gait belt to be used in transfers."</p>			

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	<p>During interview with the group home manager on 7/27/15 at 4:35 am, she stated "I am not sure how successful a fire drill or an emergency evacuation would be with only one staff working third shift. There is frequently only one staff working third shift." She indicated the current plan for emergency evacuations needs to be updated.</p> <p>This federal tag relates to complaint #IN00178673.</p> <p>9-3-7(a)</p>			