

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 08/12/2013
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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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W000000	<p>This visit was for the investigation of complaint #IN00132733.</p> <p>Complaint #IN00132733: Substantiated, federal/state deficiencies related to the allegations are cited at W189, W249 and W289.</p> <p>Survey Dates: August 7, 8, 9, 12, 2013</p> <p>Facility Number: 000732 Aim Number: 100243240 Provider Number: 15G202</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/23/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM 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> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (C) to ensure all staff received (identified) continued training on client C's behavior support plan (BSP).</p> <p>Findings include:</p> <p>The facility incident reports were reviewed on 8/8/13 at 11:05a.m. Client C had the following incident reports of physical aggression at the dining room table: 1) An incident report on 3/17/13 indicated client C had a behavior and hit staff and then ran around the dining room table and hit client D on the left upper arm. 2) An incident report on 4/1/13 indicated client C slapped client D on left upper arm while eating supper. 3) An incident report on 7/18/13 indicated client C had hit a peer at day service whom was sitting next to her. 4) An incident report on 7/22/13 indicated client C had thrown a cup and "grazed" client D on the arm and had taken a shoe and thrown it, striking client E on his left hip.</p> <p>An observation was done at the facility on</p>	W000189	W189 Plan of Correction: All Staff will be retrained on Clients Cs BSP. All Managers will be retrained on when it is appropriate to update BSP and when retraining should occur. Clients C IPP will be updated to include the behavior interventions. Preventive Action: All staff will be retrained on the BSP. All Managers will be retrained on when it is appropriate to update BSP and when retraining should occur. Managers will be retrained on when is it appropriate to update IPPS. Monitoring: . Manager will be in the home at least 3Xs a week to monitor interactions between individuals and staff. Responsible Party: Coordinator Date to be completed: September 17, 2013	09/17/2013	

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	<p>8/7/13 from 5:58p.m. to 7:47p.m. At 7:28p.m., client C walked through the living room within arms length of clients A and F. Client C hit the front door with her right hand as she walked to her bedroom. Staff #3 was trailing client C as she walked through the living room. At 7:34p.m., client C sat at the dining room table next to (within arms length) clients B and D with staff #3 and #4 in the dining room.</p> <p>Record review for client C was done on 8/9/13 at 11:00a.m. Client C had a 1/10/13 BSP that identified physical aggression. Client C's behavior program included the intervention: "Staff need to keep [client C] an arm lengths away from individuals at all times." The most recent documented staff training for this intervention was documented on 4/8/13.</p> <p>Interview of professional staff #1 was done on 8/9/13 at 11:24a.m. Staff #1 indicated the most recent staff training on client C's behavior interventions was documented on 4/8/13. Staff #1 indicated the 4/8/13 training included client C's behavior intervention to always be an arms length away from individuals. Staff #1 indicated there was no documented staff training for client C's behavior interventions since the 4/8/13 staff training. Staff #1 indicated all of the</p>						

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	<p>direct care staff were in need of retraining on client C's BSP.</p> <p>9-3-3(a)</p> <p>This federal tag relates to complaint #IN00132733.</p>				

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (C) to ensure client C's behavior training program was implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done at the facility on 8/7/13 from 5:58p.m. to 7:47p.m. At 7:28p.m., client C walked through the living room within arms length of clients A and F. Client C hit the front door with her right hand as she walked to her bedroom. Staff #3 was trailing client C as she walked through the living room. At 7:34p.m., client C sat at the dining room table next to (within arms length) clients B and D with staff #3 and #4 in the dining room.</p> <p>Record review for client C was done on 8/9/13 at 11:00a.m. Client C had a 1/10/13 BSP that identified physical aggression. Client C's behavior program</p>	W000249	<p>W249 Plan of Correction: The BSP will be updated to ensure all proactive strategies measures are included in the BSP. All staff will be retrained on Active Treatment and that BSPs are a part of continued active treatment. Staff will be retrained that active treatment should always be implemented when the opportunity is present. Staff will be retrained to always follow behavior interventions even when behaviors are not present. Preventive Action: Staff will be retrained to always follow behavior interventions even when behaviors are not present. Monitoring: . Manager will be in the home at least 3Xs a week to monitor interactions between individuals and staff. Responsible Party: Managers, Coordinator Date to be completed: September 17, 2013</p>	09/17/2013	

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	<p>included the intervention: "Staff need to keep [client C] an arm lengths away from individuals at all times."</p> <p>Interview of professional staff #1 was done on 8/9/13 at 11:24a.m. Staff #1 indicated client C's 1/10/13 BSP included a behavior intervention to always be (client C) an arms length away from individuals. Staff #1 indicated the BSP should have implemented when opportunities were present.</p> <p>9-3-4(a)</p> <p>This federal tag relates to complaint #IN00132733.</p>			

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W000289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on record review and interview, the facility failed for 1 of 4 sampled clients (C) with a restrictive behavior management plan, to ensure that all interventions (client transport, dining room seating) to manage client C's behavior (physical aggression) were included in the client's behavior support plan (BSP).</p> <p>Findings include:</p> <p>The facility incident reports were reviewed on 8/8/13 at 11:05a.m. Client C had the following incident reports of physical aggression at the dining room table: 1) An incident report on 3/17/13 indicated client C had a behavior and hit staff and then ran around the dining room table and hit client D on the left upper arm. 2) An incident report on 4/1/13 indicated client C slapped client D on left upper arm while eating supper. 3) An incident report on 7/18/13 indicated client C had hit a peer at day service, whom was sitting next to her. 4) An incident report on 7/22/13 indicated client C had thrown</p>	W000289	<p>W289 Plan of Correction: All Staff will be retrained on Clients Cs BSP. All Managers will be retrained on when it is appropriate to update BSP and when retraining should occur. Clients C IPP will be updated to include the behavior techniques. Preventive Action: All Staff will be retrained on Clients Cs BSP. All Managers will be retrained on when it is appropriate to update BSP and when retraining should occur. Managers will also be trained on when it is appropriate to update the IPP. Monitoring: . Manager will be in the home at least 3Xs a week to monitor interactions between individuals and staff. Responsible Party: Coordinator Date to be completed: September 17, 2013</p>	09/17/2013	

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	<p>a cup and "grazed" client D on the arm and had taken a shoe and thrown it, striking client E on his left hip.</p> <p>An observation was done at the facility on 8/7/13 from 5:58p.m. to 7:47p.m. At 7:28p.m., client C walked through the living room within an arms length of clients A and F. Client C hit the front door with her right hand as she walked to her bedroom. Staff #3 was trailing client C as she walked through the living room. At 7:34p.m., client C sat at the dining room table next to (within arms length) clients B and D with staff #3 and #4 in the dining room.</p> <p>Record review for client C was done on 8/9/13 at 11:00a.m. Client C had a 1/10/13 BSP that identified physical aggression. Client C's behavior program included the intervention: "Staff need to keep [client C] an arm lengths away from individuals at all times." The BSP did not include interventions to be used during dining and transport.</p> <p>Professional staff #1 was interviewed on 8/9/13 at 11:24a.m. Staff #1 indicated client C did not target peers with her physical aggression but would have client to client contact when she sat next to peers and as she passed by peers when she was upset. Staff #1 indicated the facility's</p>			

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	<p>interdisciplinary team (IDT) had added behavior interventions to client C's behavior plan. The interventions included: 1) client C to sit in front seat of van on transport and to be the first client off the van at destinations 2) client C was to sit at the head of the dining room table with a staff seated on both sides of client C. Staff #1 indicated these two interventions were not documented and had not been included in client C's current BSP.</p> <p>9-3-5(a)</p> <p>This federal tag relates to complaint #IN00132733.</p>			