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 12/07/2011
NAME OF PROVIDER OR SUPPLIER KNOX COUNTY ARC - BICKNELL 1		STREET ADDRESS, CITY, STATE, ZIP CODE 628 W 7TH ST BICKNELL, IN47512	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	This visit was for the investigation of complaint #IN00100030. This visit was in conjunction with a post certification revisit (PCR) to the fundamental recertification and state licensure survey completed on 10/24/11. Complaint #IN00100030-Substantiated, federal and state deficiency related to the allegation(s) is cited at W153. Dates of Survey: 12/6 and 12/7/11 Facility Number: 000732 Provider Number: 15G202 Aim Number: 100243240 Surveyor: Paula Chika, Medical Surveyor III-Team Leader This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 12/12/11 by Ruth Shackelford, Medical Surveyor III.	W0000		
W0153	The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Based on interview and record review for 1 of 3 allegations of neglect, abuse and/or injuries of unknown origin reviewed, the facility failed to ensure staff reported an allegation of neglect and/or abuse immediately to the administrator regarding clients A, B, C, D, E, F and G. Findings include: The facility's reportable incident reports and/or investigations were reviewed on 12/6/11 at 2:35 PM and on 12/7/11 at 10:40 AM. The facility's 11/15/11 reportable incident report indicated "The Director of Residential Services received a call from [client D] at approximately 10pm on 11-15-11. [Client D] reported that staff, [staff #3] called [client C] a pain in the a--. [Client D] also reported that [staff #3] cussed many times during the shift. [Client D] then said he wanted the Director of Residential Services to talk to [staff #2]. Staff, [staff #2], then spoke with the Director of Residential Services. He (staff #2) reported that there was more to the story than what [client D] told the Director of Residential Services. [Staff #2] said that [staff #3] also drove the agency van while smoking and texting. All 7 consumers (clients A, B, C, D, E, F and G) were reportedly on the van when this occurred. The Director of Residential Services asked what time	W0153	W153 Plan of Correction: Staff will be retrained on reporting allegations of abuse/neglect immediately. Preventive Action: All staff are now trained on reporting allegations of abuse/neglect upon hire and as needed. This practice will continue. Monitoring: The Training Coordinator will monitor to ensure all staff are trained on reporting allegations of abuse/neglect immediately. Date to Be Completed By: January 6, 2012 Responsible Party: Training Coordinator, QMRP-D, Director of Residential Services	01/06/2012

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	these events happened. [Staff #2] replied, 'between 7:45 and 8 something this evening.' The Director of Residential Services reminded [staff #2] that he was obligated to report all allegations of abuse/neglect immediately. [Staff #2] then stated that he had reported incidents to the Assistant Manager, [staff #1]. The Director of Residential Services reminded [staff #2] that proper procedure was to notify the person carrying the pager phone immediately upon becoming aware of an incident. The Director of Residential Services immediately suspended [staff #2], [staff #1] and [staff #3]...." The facility's 11/21/11 Investigation Summary indicated clients C and D, and staff #1, #2 and #4 indicated staff #3 had cursed in front of clients. The investigation summary indicated staff #2 and clients C and D indicated staff #3 was texting while driving. The facility's investigation summary also indicated staff #1 heard staff #3 make the comment "...she was a pain in the a--" but staff #1 was not sure whom the comment was directed at. Interview with administrative staff #2 on 12/7/11 at 1:25 PM indicated staff #1 heard staff #3 state "she is a pain in the a--" when staff #1 was passing medications. Administrative staff #2 indicated staff #1			

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	did not stop the medication pass to see what was going on and/or report the incident. Administrative staff #2 indicated staff #2 and #4 who saw staff #3 texting and driving did not report the allegation of possible neglect when it happened. Administrative staff #2 also indicated staff #2 did not report staff #3 cursing in front of the clients and/or texting while driving in a timely manner. This federal tag relates to complaint #IN00100030. 9-3-2(a)			