

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G095	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/17/2014
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NAME OF PROVIDER OR SUPPLIER  KNOX COUNTY ARC	STREET ADDRESS, CITY, STATE, ZIP CODE 1814 WASHINGTON AVE VINCENNES, IN 47591
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: October 14, 15, 16 and 17, 2014.</p> <p>Provider Number: 15G095 AIMS Number: 100233980 Facility Number: 000634</p> <p>Surveyors: Paula Eastmond, QIDP-TC Glenn David, RN</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/30/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 3 additional clients (#5, #6 and #7), the governing body</p>	W000104	<p><u>W104</u> Plan of Correction: Managers will be retrained on all new hires will have to all three medication checks off by the end of their training period.</p>	11/16/2014

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>failed to exercise general policy and operating direction over the facility to ensure staff, who could not pass medications, did not work alone with clients.</p> <p>Findings include:</p> <p>During the 10/15/14 observation period between 5:10 AM and 7:00 AM, at the group home, clients #1, #2, #3 and #4 received routine morning medications. Specifically during the 10/15/14 observation period, clients #2 and #6 received Insulin due to the clients' Diabetes. Client #6 received Insulin on a sliding scale. Interview with Direct Support Professional (DSP) #3 on 10/15/14 at 7:00 AM indicated she passed the Core A test (state curriculum medication training program), but was not able to do pass medications to clients #1, #2, #3, #4, #5, #6 and #7. DSP #3 indicated she worked the overnight/sleep shift and she worked alone with clients #1, #2, #3, #4, #5, #6 and #7. DSP #3 indicated she was not able to pass any medications and/or PRNs (as needed) medications if requested. DSP #3 indicated the facility's nurse needed to watch her pass medications three different times before she would be allowed to pass clients' medications.</p>		<p>Managers will not be allowed to have anyone scheduled to work on their own if these three checks have not been completed. KCARC will use the clock in and out system to track the completion of medication passes, this system will not allow staff to clock their work if they have not completed all core requirements of the job. The staff in question has completed all medication administration requirements. Preventive Action: Managers will be retrained on all new hires will have to all three medication checks off by the end of their training period. Managers will not be allowed to have anyone scheduled to work on their own if these three checks have not been completed. KCARC will use the clock in and out system to track the completion of medication passes, this system will not allow staff to clock their work if they have not completed all core requirements of the job. The staff in question has completed all medication administration requirements. Monitoring: Managers will oversee new employee training to ensure all three checks are completed before letting a staff member work by themselves in the home. Responsible Party: Managers Date to be completed: November 16th 2014</p>				

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	<p>Client #1's record was reviewed on 10/16/14 at 11:00 AM. Client #1's 7/3/14 physician's orders indicated client #1's diagnosis included, but was not limited to, Seizure Disorder.</p> <p>Client #1's 7/3/14 physician's orders indicated client #1 received the following routine medications:</p> <p>Invega (behavior) Paroxetine (behavior) Clonazepam (behavior) Vimpat (seizures) Amitriptyline (behavior) Divalproex (seizures/behavior) Doxycycline (antibiotic) Dilantin (seizures) Erythromycin Benzogel (acne). Client #1's physician's orders indicated the client had PRN medications for Tylenol (pain/fever), Docusate Sodium (constipation) and Mucinex for congestion.</p> <p>Client #2's record was reviewed on 10/16/14 at 9:10 AM. Client #2's 7/10/14 physician's orders indicated client #2's diagnoses included, but were not limited to, Hypertension and Insulin Dependent Diabetic Mellitus (IDDM). Client #2's 7/10/14 physician's orders indicated client #2 received the following medications:</p>			

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	<p>Thera M (vitamin supplement) Fluticasone Nasal Spray (allergies) Lisinopril (hypertension) Loratadine (allergies) Senna Laxative (constipation) Metformin (Diabetes) Glimepiride (Diabetes) Miralax (constipation) Humalog (Insulin Diabetes) Simvastatin (cholesterol) Zyprexa (behavior). Client #2's 7/10/14 physician's orders indicated client #2 had PRN medications for Carmex (chapped lips), Tylenol (pain/fever), Cheratussin Syrup (cough), Loperamide (Diarrhea), Rulox Suspension (upset stomach), Ketoconazole Cream (foot fungus) and Hydrocortisone Cream (itching).</p> <p>Client #3's record was reviewed on 10/16/14 at 11:35 AM. Client #3's 7/10/14 physician's orders indicated client #3 received the following medications:</p> <p>Loratadine (allergies) Delzicol (ulcers) Lipitor (cholesterol) Ranitidine (acid reflux) Diazepam (behavior) Lotrisone Cream Carmex (chapped lips) Keppra (behavior). Client #3's 7/10/14 physician's orders indicated client #3 had</p>			

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	<p>PRN medications for Diazepam PRN, Carmex, Milk of Magnesia (constipation), Q-Tussin DM Syrup (cough), Eucerin Cream (dry skin), Ibuprofen (pain/fever), Tylenol (pain/fever) and Magic Butt Cream (skin irritation).</p> <p>Client #4's record was reviewed on 10/16/14 at 10:35 AM. Client #4's 7/10/14 physician's orders indicated client #4's diagnoses included, but were not limited to, Gastritis, Dermatitis and Sciatica (sciatic nerve problem). Client #4's 7/10/14 physician's orders indicated client #4 received the following routine medications:</p> <p>Iron (supplement) Lorazepam (behavior) Omeprazole (reflux disorder) Sertraline (Depression) Quetiapine (Depression) Hydroxyzine (itching) Cellerate Powder (wound care) Mepilex (wound bandage) Magic Butt Cream (skin irritation) Docusate Sodium (constipation). Client #4's 7/10/14 physician's orders indicated client #4 had PRN medications for Tylenol (pain/fever) and Butt Cream (wound care).</p> <p>Client #6's record was reviewed on</p>			

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	<p>10/17/14 at 11:45 AM. Client #6's 7/10/14 physician's orders indicated client #6 received the following routine medications:</p> <p>Thera Vitamin (vitamin supplement) Docusate Sodium (constipation) Perphenazine (psychosis) Oxybutynin (enuresis) Senna Laxative (constipation) Omeprazole (acid reflux) Clozapine (psychosis) Lithium Carbonate (behavior) Humalog (Insulin diabetes) Humalog sliding scale. Client #6's 7/10/14 physician's orders indicated client #6 had PRN medications for Gas Relief (bloating), Mucinex (congestion), Milk of Magnesia (constipation), Q-Tussin DM Syrup (cough), Carmex (chapped lips), Rulox Suspension (indigestion), Tylenol (pain/fever) and Hydrocortisone Cream (itching).</p> <p>The facility's policy and procedures were reviewed on 10/17/14 at 10:23 PM. The facility's 2/8/14 policy entitled Medication Administration indicated under the section entitled "...QUALIFICATIONS TO ADMINISTER MEDICATION indicated facility staff would need to pass the Core A and B curriculum to pass medications in the group home. The facility's policy</p>			

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	<p>indicated "...A nurse, manager or trained designee will complete three medication pass observations with the group home and day programming staff. Group home staff will complete two medication passes with Medical Assistants or Group Home Managers. The final medication pass for group home staff must be completed with a nurse...."</p> <p>Interview with administrative staff (AS) #3 on 10/15/14 at 2:50 PM indicated staff #3 was not able to pass medications as the staff had not been checked off by the facility's nurse. When asked if the facility had a policy and procedure for staff who were unable to pass meds but worked in the home alone, AS #3 indicated she would need to check to see if the facility had a policy.</p> <p>During interview with AS #4 on 10/17/14 at 10:20 AM, when asked what happened if facility staff was not able to pass medications and a PRN/medication needed to be administered, AS #4 stated, facility staff should call the "on-call number" for staff to come to the group home to pass the clients' medication/PRN. AS #4 indicated if it was an emergency, (insulin needed to be administered and/or an EPI pen (bee stings)), the staff should call 911 for assistance.</p>						

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W000249	<p>9-3-1(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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, interview and record review for 1 of 4 sampled clients (client #1), the facility failed to implement the client's Individual Support Plan (ISP) objectives and/or Behavior Support Plans (BSPs) when formal and/or informal opportunities existed.</p> <p>Findings include:</p> <p>During observation at the facility-owned Day Program on 10/15/14 at 2:05 PM, Client #1 was attempting to hug and kiss Day Program staff. Day program staff #1 redirected Client #1 to shake her hand and directed the client to not kiss her.</p> <p>During observation at the Day Program on 10/15/14 at 2:06 PM, when Client #1 attempted to hug and kiss the staff, Day Program staff #2 responded by allowing</p>	W000249	<p><u>W249</u></p> <p>Plan of Correction: Staff will be retrained on implementing all interventions in an individual's BSP. Staff will be retrained on taking advantage of all informal and formal opportunities to implement the strategies in place.</p> <p>Preventive Action: Staff will be retrained on implementing all interventions in an individual's BSP. Staff will be retrained on taking advantage of all informal and formal opportunities to implement the strategies in place.</p> <p>Monitoring: Manager will be in the home at least 3Xs a week to ensure BSPs are being implemented.</p> <p>Responsible Party: Managers Date to be completed: November 16th, 2014</p>	11/16/2014
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	<p>Client #1 to hug her. Day Program staff #2 hugged client #1 back.</p> <p>On 10/16/14 at 11:00 AM, Client #1's record was reviewed. Client #1's BSP dated 4/25/14 indicated staff dealing with his Inappropriate/Excessive Touching of Others/Taunting behavior "...should quietly and respectfully prompt individual to stop behavior. Staff should hold out hand to shake hands or High Five when individual approaches if is (sic) attempting to hug...."</p> <p>During interview of Staff #2 and Administrative Staff (AS) #3 on 10/16/14 at 3:20 PM, both staff indicated all staff should be redirecting Client #1 in a consistent manner when he is displaying inappropriate behavior as outlined in his BSP.</p> <p>9-3-4(a)</p>			