

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G074	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/02/2011
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 5924 ABBOTT ST FORT WAYNE, IN46816
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey. This visit included the investigation of complaint #IN00099001.</p> <p>Complaint #IN00099001: Unsubstantiated, due to lack of evidence.</p> <p>Dates of Survey: November 1 and 2, 2011.</p> <p>Facility Number: 000618 Provider Number: 15G074 AIMS Number: 100233730</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/16/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0209	<p>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>Based on record review and interview, the facility failed to ensure participation by the client, parent, health care representative or guardian for 2 of 2 sampled clients (clients #3 and #4) with addendums to their Individual Support</p>	W0209	<p><u>W209</u> Clients #3 and #4 did participate in the meetings in which meaningful life goals were added to their Individual Support Plans. This participation however, was not documented. Clients #3 and #4 will be asked to document their participation in the</p>	12/02/2011

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>Plans (ISP).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 11/2/11 at 12:50 P.M.. Client #3's record indicated he had an ISP dated 2/4/11. Client #3's record indicated he had a guardian to assist him with decisions. Client #3's record indicated the following addendum to his ISP dated 8/18/11: " Added Dreams and Meaningful Life goal to ISP person centered plan. Dreams: 1. I'd like to visit my family someday in [Name of City]. 2. I'd like to take Karate class someday. Meaningful Life Goal: I'd like to see an NBA (National Basketball Association) basketball game in my lifetime." There was no indication client #3 and/or his guardian had participated in the addendum to client #3's ISP.</p> <p>Client #4's record was reviewed on 11/2/11 at 1:15 P.M.. Client #4's record indicated she had an ISP dated 1/17/11. Client #4's record indicated she was an emancipated adult but had a HCR to assist her with decisions. Client #4's record indicated the following addendum to her ISP dated 8/18/11: " Added Dreams and Meaningful Life goal to ISP person centered plan. Dreams: 1. I'd like to someday have a husband, without children within a couple of years. 2. I'd like to</p>		<p>meetings in which the goals were added to their ISPs. The results of the meetings have been shared with client #3's Guardian and client #4's Health Care Representative. The Guardian of client #3 and the Health Care Representative of client #4 have been asked to document their agreement with the plans. ISPs and addendums for the past year will be reviewed to determine if any did not include documentation of participation of the client or his/her legal guardian. If any are found to not include such documentation, it will be requested. The QIDP will be inserviced on ensuring that the client or his/her legal guardian participates in Interdisciplinary Team meetings and that the participation is documented. Person Responsible: Director of Residential Services</p>		

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	<p>someday be in the audience of a game show or in a show 'America's got Talent.' Meaningful Life Goal: I would like to someday be a teacher's assistant, helping to aid those lower functioning than me." There was no indication client #4 and/or her HCR had participated in the addendum to client #4's ISP.</p> <p>The Qualified Intellectual Developmental Professional (QIDP) was interviewed on 11/2/11 at 2:17 P.M.. When asked if clients #3 and #4 and their HCR and/or Guardian had participated in their ISP addendums, the QIDP indicated the clients had participated in the development of their addendums, and the QIDP stated "They were sent out (to their HCR and/or Guardian), but I have not received them back yet." The QIDP indicated he did not have any documentation to show client #3 and his guardian and client #4 and her HCR had been encouraged to participate in the addendum process and had not signed any documentation as of this time.</p> <p>9-3-4(a)</p>				

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W0434	<p>The facility must have exposed floor surfaces and floor coverings that promote maintenance of sanitary conditions.</p> <p>Based on observation and interview, the facility failed to maintain the sanitary condition of the carpeting in the living room of the group home where 8 of 8 clients lived (clients #1, #2, #3, #4, #5, #6, #7, and #8).</p> <p>Findings include:</p> <p>Observations of the group home where clients #1, #2, #3, #4, #5, #6, #7, and #8 lived were conducted on 11/1/11 from 6:03 A.M. until 7:40 A.M.. During the observation period, the living room carpeting was observed to have at least five dark stains ranging in sizes from 12" X 12" (twelve inches by twelve inches) to 4" X 4" (four inches by four inches).</p> <p>Client #8 was interviewed on 11/1/11 at 6:25 A.M.. When asked about the stains on the carpeting client #8 stated, "The carpet is dirty."</p> <p>The Residential Manager (RM) was interviewed on 11/1/11 at 5:01 P.M.. When asked about the stains on the carpeting, the RM stated, "Yeah, we do need some." The RM indicated the carpeting was cleaned routinely, but the stains kept returning.</p>	W0434	<p>The carpet in the living area has been cleaned. Staff persons will be told that when spots appear, they should ensure that they are cleaned immediately to prevent staining. The carpets in the home are professionally cleaned two times per year. When additional cleaning is needed between regularly scheduled cleanings, the Supervisor will request that they be cleaned again. Observations will be conducted once per week by the Supervisor and once per month by the QIDP. Close attention will be paid to the cleanliness of the carpet during these observations. Any stains noted on the carpet will be cleaned. Person Responsible: Residential Supervisor</p>	12/02/2011	

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	<p>The Manager of Residential Services (MRS) was interviewed on 11/2/11 at 1:50 P.M.. When asked about the stains on the living room carpeting at the group home, the MRS indicated the carpet was scheduled to be cleaned in November, but there should not be stains on the carpeting.</p> <p>9-3-7(a)</p>				