

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G752	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/19/2014
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NAME OF PROVIDER OR SUPPLIER  EASTER SEALS ARC OF NORTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9104 STRATHMORE LN FORT WAYNE, IN 46818
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: September 16, 17, 18 and 19, 2014.</p> <p>Facility number: 011871 Provider number: 15G752 AIM number: 200921870</p> <p>Surveyor: Kathy Wanner, QIDP.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/1/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview, the facility failed to address an identified behavioral need in the ISP</p>	W000227	An addendum will be added to client #4's plan including an objective for increasing personal	10/19/2014

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>(Individual Support Plan) for 1 of 3 additional clients (client #4).</p> <p>Findings include:</p> <p>Observations of the group home where client #4 lived were conducted on 9/16/14 from 4:27 P.M. through 6:30 P.M. Client #4 was standing in the living room of the home with her shirt up exposing her abdomen from 4:45 P.M. until 5:02 P.M. At 5:02 P.M. the group home manager (HM) walked past client #4 and used both hands to pull client #4's shirt down covering her abdomen.</p> <p>Observations of the group home where client #4 lived were conducted on 9/17/14 from 6:52 A.M. through 7:42 A.M. At 7:22 A.M. client #4 was standing in the living room of the home with her shirt up exposing her abdomen. At 7:29 A.M. direct care staff (DCS) #3 gave one verbal prompt to client #4 to pull her shirt down. Client #4 pulled her shirt down covering her abdomen.</p> <p>DCS #3 was interviewed on 9/17/14 at 7:30 A.M. When asked if client #4 had a goal for keeping her shirt pulled down, DCS #3 stated, "No, she doesn't have a goal. She just needs a prompt to pull it down and she does."</p>		<p>modesty by pulling down her shirt with a verbal prompt</p> <p>Person Responsible: QIDP</p> <p>Completion Date: October 19, 2014</p> <p>Group home staff will complete training on active treatment</p> <p>Person Responsible: QIDP</p> <p>Completion Date: October 19, 2014</p> <p>The QIDP will complete an observation of the house monthly and on an ongoing basis to monitor for active treatment issues, environmental concerns and to determine if the clients' plans should be updated</p> <p>Person Responsible: QIDP</p>				

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W000331	<p>Client #4's record was reviewed on 9/19/14 at 12:45 P.M. Client #4's ISP dated 2/18/14 did not indicate she had a goal to work on keeping her shirt down, or indicate how staff were to assist her with this dignity issue. Client #4's ABAS (adaptive behavior assessment system) dated 11/13/13 indicated client #4 was not independent with dressing.</p> <p>The Assistant Director of Supported Living/Qualified Intellectual Disabilities Professional (AD/QIDP) was interviewed on 9/19/14 at 3:45 P.M. The AD/QIDP stated, "Staff should ask her (client #4) to pull her shirt down. They should not do it for her unless she doesn't do it." The AD/QIDP indicated client #4 had the ability to pull her own shirt down. The AD/QIDP stated, "All the staff should be assisting her (client #4) the same way."</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and</p>	W000331	An hourly check throughout the	10/19/2014

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	<p>interview, the facility nursing staff failed to have a CPAP (continuous positive airway pressure) protocol in place including documentation of usage compliance and cleaning for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>Observation of the home and client bedrooms was conducted on 9/17/14 at 7:36 A.M. Client #1's CPAP mask and tubing were laying on the floor of client #1's bedroom.</p> <p>Client #1's record was reviewed on 9/19/14 at 11:28 A.M. Client #1's physician's order (PO) dated for 9/2014 indicated client #1 utilized a CPAP machine at night (sleep apnea). Client #1's PO indicated staff were to assist client #1 with adjusting her mask at bedtime, hold down buttons and check for smiling face. The CPAP mask, tubing and tank were to be cleaned with soap and water each Saturday. Client #1's record indicated she did not utilize her CPAP consistently. Client #1's MAR (medication administration record) dated for 9/2014 indicated staff documented each night when they assisted client #1 with putting on her mask. There was no documentation indicating client #1's compliance with her CPAP, if staff</p>		<p>night of client #1's compliance with using her CPAP machine will be added to the MAR</p> <p>Person Responsible: Agency Nurse</p> <p>Completion Date: October 19, 2014</p> <p>Daily washing of the CPAP mask will be added to the MAR</p> <p>Person Responsible: Agency Nurse</p> <p>Completion Date: October 19, 2014</p> <p>A daily check of the CPAP tubing, mask, and tank for holes and cracks will be added to the MAR</p> <p>Person Responsible: Agency Nurse</p> <p>Completion Date: October 19, 2014</p>	

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	<p>assisted her and monitored usage through-out the night, and how the mask should be stored and cleaned daily.</p> <p>Review of the APRIA web site (company supplying client #1's CPAP equipment) www.apria.com was conducted on 9/19/14 at 3:00 P.M. The recommendations for CPAP daily cleaning indicated: "empty remaining water, immerse humidifier tank into soapy water and fill with soapy water, shake vigorously, rinse, allow to dry. CPAP masks are to be cleaned daily, tubing, tank and mask are to be checked daily for holes/cracks."</p> <p>An interview was conducted with the facility RN #1 on 9/19/14 at 3:09 P.M. RN #1 stated, "Staff document on the MAR when they assist her in putting the CPAP on each bedtime, but no other documentation as far as compliance in usage is maintained." The RN stated, "It is important for her (client #1) to wear her mask as the physician thought the lack of consistent usage may have contributed to a recent illness and hospitalization." The RN stated, "I have asked overnight staff to check on her at night to see if she still has the mask on, but they are not documenting usage at this time."</p>			

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W000440	<p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to ensure evacuation drills were completed at least quarterly for each shift at the group home where 3 of 3 sampled clients (clients #1, #2 and #3) and 3 of 3 additional clients (clients #4, #5 and #6) lived.</p> <p>Findings include:</p> <p>Evacuation drills for the past year 9/16/13 through 9/16/14 were reviewed on 9/18/14 at 3:35 P.M. for the group home where 3 of 3 sampled clients (clients #1, #2 and #3) and 3 of 3 additional clients (clients #4, #5 and #6) lived. There were no fire drills documented for the evening shift between the months of September 2013/2014, October 2013 and November 2013. There were no evacuation drills documented for the overnight shift for the months of August 2014, September 2013 and October 2013. Evacuation drills were not held on a quarterly basis.</p>	W000440	<p>Reminders will be sent to the group home and the supervisor to complete drills and turn in the drill form every time that there is a drill scheduled Person Responsible: Assistant Director Completion Date: October 19, 2014</p>	10/19/2014

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	<p>An interview with Administrative Staff (AS) #1 was conducted on 9/18/14 at 4:03 P.M. When asked if there were more evacuation drills available for review, AS #1 stated, "No, they are missing two drills."</p> <p>The Assistant Director of Supported Living/Qualified Intellectual Disabilities Professional (AD/QIDP) was interviewed on 9/19/14 at 3:45 P.M. The AD/QIDP stated, "Evacuation drills should be done monthly and on every shift." The AD/QIDP stated, "We had a different home manager for awhile and evacuation drills were missed at that time."</p> <p>9-3-7(a)</p>				