STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G751	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/01/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTER SEALS ARC OF NORTHEAST INDIANA	4915 HAFFNER DR FORT WAYNE, IN 46835

(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 a fundamental annual recertification and state licensure survey. Dates of Survey: May 29, 30, 31, and June 1, 2012. Facility number: 011870 Provider number: 15G751 AIM number: 200912390 Surveyor: Kathy Wanner, Medical Surveyor III. The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review was completed on 6/8/12 by Tim Shebel, Medical Surveyor III.	W0000		

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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W0104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review, observation and interview, the governing body failed to provide towels and wash cloths for 3 of 6 clients living in the home (clients #1, #2, and #4) who paid for the items from their own personal funds instead of being provided by the facility and covered by the all inclusive per diem in accordance with state law. Findings include: Client financial records were reviewed on 5/31/12 at 1:30 P.M. and indicated the following: Client #1's financial record indicated client #1 had purchased 4 (four) wash cloths and 4 bath towels on 4/18/12 for a total of $20.29 including tax. Client #2's financial record indicated client #2 had purchased 4 wash cloths and 4 bath towels on 4/18/12 for a total of $22.43 including tax. Client #4's financial record indicated client #4 had purchased 4 wash cloths, 2 (two) hand towels, and 2 bath towels on 4/19/12 for a total of $25.42 including	W0104	W104 For clients #1, #2, and #4 the agency has reimbursed them for the money they paid for the standard supplies the per diem should have paid for. Residential Supervisor will be in-serviced on what standard supplies are in the per diem rate. Person Responsible: Residential Supervisor; QIDP Completion Date: 7/1/12 To ensure compliance for all clients, the business office will review the client receipts to ensure clients have not been paying for items that are in the per diem rate. Any found to have paid for items which should have been paid for from the per diem rate will be reimbursed. Also, all residential supervisors will be in-serviced on what standard supplies are to come out of per diem rate. Receipts will be reviewed by the business office, client financial specialist, to ensure items are not purchased by individuals that should have come from the per diem. Person Responsible: Residential Supervisor; QIDP; business office	07/01/2012

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	tax. Observation at the group home on 6/1/12 at 6:17 P.M. including observations of the client's bedrooms and the home linen closets. There were pillow(s) in each of the client's rooms. There were no additional pillows in the home. The linen closets had a small assortment of differently colored towels and wash cloths. There was no system to keep towels and wash cloths separated by color for each clients personal use. There was not a large quantity of towels in the closets. An interview with facility financial staff was conducted on 5/31/12 at 1:40 P.M.. When asked about the clients paying for their own linens the staff indicated the clients had paid for them from their personal funds. An interview with the Director of Residential Services (DRS) was conducted on 6/1/12 at 11:10 A.M.. The DRS indicated she thought it was ok for the clients to pay for their own linens since they were going to a system of each client having one color of towels. A review of the IAC (Indiana Code) was conducted on 6/1/12 at 9:18 A.M. and indicated the following:		Completion Date: 7/1/12	

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	405 IAC 1-12-22 Community residential facilities for the developmentally disabled; allowable costs; compensation; per diem rate... sec. 22. (a) Notwithstanding the application of standards and procedures set forth in sections 1 through 20.5 of this rule, the procedures described in this section apply to intermediate care facilities for the mentally retarded with eight (8) or fewer beds .... (d) The per diem rate shall be an all-inclusive rate. The established rate includes all services provided to residents by a facility. 405 IAC 1-12-1(b)... (b) "All-inclusive rate" means a per diem rate that, at a minimum, reimburses for all nursing or resident: (1) care; (2) room and board; (3) supplies; and (4) ancillary services; within a single, comprehensive amount. 405 IAC 1-12-23 Medical or nonmedical supplies and equipment; personal care items... Sec. 23. (a) Routine and nonroutine medical supplies and equipment are included in the provider's approved per diem rate, and the provider shall not bill			

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	the Medicaid program for such items in addition to the established rate. Under no circumstances shall the routine and nonroutine medical supplies and equipment be billed through a pharmacy or other provider. Routine supplies and equipment include those items routinely required for the care of residents. 9-3-1(a)			

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W0149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed to follow their Abuse and Neglect policy by failing to report the results of an investigation for an injury of unknown origin for 1 of 6 clients (client #5) living in the home to state officials and the administrator in accordance with state law. Findings include: The facility records were reviewed on 5/30/12 at 11:25 A.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the past year. The BDDS reports indicated the following: A BDDS report dated 8/17/11 for an incident on 8/16/11 at 8:15 P.M. indicated the following: "Staff report that while getting [client #5] ready for the evening, bruising was found on his 2nd toe on his right foot. A 1/2" (one half) inch abrasion was also found across the top left side of [client #5's] right foot...he (client #5) reported he did not know how the injury occurred." A follow-up BDDS report dated 8/25/11	W0149	W149 For client #5, in the future, the facility will send follow-up reports every 5 working days from the date of incident for unknown injuries which will include status of the unknown investigation, whether or not completed, and the outcome. Person Responsible: QIDP Completion Date: 7/1/12 For all clients, QIDP will be re-inserviced on the BDDS reporting of unknown injuries and abuse/neglect is to be followed up every 5 working days from the date of incident. QIDP will fill out the Checklist for Reporting Incidents with dates and times IDT members were informed of incident and what date and time report was sent to BDDS. Director of Residential Services will check the form and ensure follow-ups are completed in timely manner according to BDDS guidelines. Person Responsible: Director of Residential Services Completion Date: 7/1/12	07/01/2012

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	for the incident on 8/16/11 indicated "An investigation into the injury did not reveal any specific incident which could have caused the injury..." The follow-up report did not indicate why the results of the investigation were not submitted within 5 (five) work days as required by state law. The facility policy for Abuse and Neglect dated 5/2007 was reviewed on 5/30/12 at 10:20 A.M.. The indicating the following: "To promote the health, safety, and security of people who live in Easter Seals ARC Group Homes. To ensure appropriate reporting, follow-up, and monitoring of incidents and injuries... 8. For any incident with the potential for having been caused by abuse, neglect, or exploitation, the Quality Assurance Officer will investigate the circumstances surrounding the incident including interviewing clients and staff...10. The QMRP (Qualified Mental Retardation Professional) will submit a BDDS follow-up report 7 (seven) calendar days or 5 (five) business days after the incident. Copies will be given to the local BDDS office...and the President of Easter Seals ARC." The Qualified Mental Retardation Professional (QMRP) was interviewed on 5/31/12 at 1:50 P.M. The QMRP was unable to give a reason why the results of			

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	the investigation had not been submitted timely. The QMRP indicated the results of the investigation had not been reported to administrative staff in a timely manner. 9-3-1-(a)			

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W0156	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview, the facility failed to report the results of an investigation for an injury of unknown origin for 1 of 6 clients (client #5) living in the home as indicated in 1 of 33 Bureau of Developmental Disabilities Services (BDDS) reports reviewed. Findings include: The facility records were reviewed on 5/30/12 at 11:25 A.M. including the BDDS reports for the past year. The BDDS reports indicated the following: A BDDS report dated 8/17/11 for an incident on 8/16/11 at 8:15 P.M. indicated the following: "Staff report that while getting [client #5] ready for the evening, bruising was found on his 2nd toe on his right foot. A 1/2" (one half) inch abrasion was also found across the top left side of [client #5's] right foot...he (client #5) reported he did not know how the injury occurred." A follow-up BDDS report dated 8/25/11 for the incident on 8/16/11 indicated "An	W0156	W156 For client #5, in the future, the facility will send follow-up reports every 5 working days for unknown injuries to include status of the unknown investigation and whether or not completed and the outcome sent to the administrator. Person Responsible: QIDP Completion Date: 7/1/12 For all clients, QIDP will be in-serviced on the BDDS reporting of unknown injuries and abuse/neglect are to be followed up every 5 working from the date of incident days and sent to the administrator. QIDP will fill out the Checklist for Reporting Incidents with dates and times IDT members were informed of incident and what date and time report was sent to BDDS. Director of Residential Services will check the form and ensure follow-ups are completed in timely manner according to BDDS guidelines Person Responsible: Director of Residential Services; QIDP Completion Date: 7/1/12	07/01/2012

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	investigation into the injury did not reveal any specific incident which could have caused the injury..." The follow-up report did not indicate why the results of the investigation were not submitted within 5 (five) work days as required by state law. The Qualified Mental Retardation Professional (QMRP) was interviewed on 5/31/12 at 1:50 P.M. The QMRP was unable to give a reason why the results of the investigation had not been submitted timely. 9-3-2-(a)			

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W0419	483.470(b)(4)(iii) CLIENT BEDROOMS The facility must provide each client with bedding appropriate to the weather and climate. Based on record review, observation and interview, the facility failed to provide pillows and/or pillow cover/protectors for 6 of 6 clients living in the home (clients #1, #2, #3, #4, #5, and #6) who paid for the bedding items out of their own personal funds. Findings include: Client financial records were reviewed on 5/31/12 at 1:30 P.M. and indicated the following: Client #1's financial record indicated client #1 had purchased 1(one) pillow and 2 (two) pillow cover/protectors on 4/19/12 for a total of $14.79 including tax. Client #2's financial record indicated client #2 had purchased 2 pillow cover/protectors on 4/19/12 for a total of $8.50 including tax. Client #3's financial record indicated client #3 had purchased 2 pillows on 4/18/12 for a total of $12.58 including tax.	W0419	W419 For clients #1, #2, #3, #4, #5 and #6 the agency has reimbursed them for the money they paid for the standard supplies the per diem should have paid for. Residential Supervisor will be in-serviced on what standard supplies are in the per diem rate. Person Responsible: Residential Supervisor; QIDP Completion Date: 7/1/12 To ensure compliance for all clients, the business office will review the client receipts to ensure clients have not been paying for items that are in the per diem rate. Also, residential supervisors will be in-serviced on what standard supplies are to come out of per diem rate. Person Responsible: Residential Supervisor; QIDP; business office Completion Date: 7/1/12	07/01/2012

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	Client #4's financial record indicated client #4 had purchased 2 pillow cover/protectors on 4/19/12 for a total of $8.50 including tax. Client #5's financial record indicated client #5 had purchased 2 pillows on 4/18/12 for a total of $12.58 including tax. Client #6's financial record indicated client #6 had purchased 1 pillow cover/protector and 1 pillow on 3/14/12 for a total of $21.24 including tax. Observation at the group home on 6/1/12 at 6:17 P.M. including observations of the client's bedrooms and the home linen closets. There were pillow(s) in each of the client's rooms. There were no additional pillows in the home. The linen closets had a small assortment of differently colored towels and wash cloths. There was no system to keep towels and wash cloths separated by color for each client's personal use. There was not a large quantity of towels in the closets. An interview with facility financial staff was conducted on 5/31/12 at 1:40 P.M.. When asked about the clients paying for their own linens the staff indicated the clients had paid for them from their			

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	personal funds. An interview with the Director of Residential Services (DRS) was conducted on 6/1/12 at 11:10 A.M.. The DRS indicated she thought it was ok for the clients to pay for their own linens since they were going to a system of each client having one color of towels. 9-3-7(a)			

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W9999	State Findings 460 IAC 9-3-1 Governing body Sec. 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division. (1) An emergency rendering the residential facility temporarily uninhabitable. (2) Any fire resulting in injury or property damage. (3) Death of any resident. (4) Illness of any resident which requires hospitalization or which renders the resident bedfast for more than seven (7) days. (5) Suspected or alleged abuse, neglect, or exploitation of a resident which shall also be reported in accordance with IC 12-10-3 to the adult protective services. (6) Incidents of serious injury to a resident which require the attention of a physician beyond the initial medical evaluation or treatment and release. (7) Any Change in program Administrator. This state rule was not met as evidenced by: Based on record review and interview, the	W9999	W9999 For clients #4 and #5, in the future, the facility will send incident reports to BDDS within 24 hour guidelines Person Responsible: QIDP Completion Date: 7/1/12 For all clients, QIDP will be re-inserviced on the BDDS reporting. QIDP will fill out the Checklist for Reporting Incidents with dates and times IDT members were informed of incident and what date and time report was sent to BDDS. Director of Residential Services will check the form and ensure follow-ups are completed in timely manner according to BDDS guidelines. Person Responsible: Director of Residential Services Completion Date: 7/1/12 460 IAC 9-3-3 Staff # 2 received her Mantoux on 5/30/12. The facility will ensure compliance by having the Human Resources department generate a list monthly of the staff needing Mantoux tests that will be expiring the next month. Residential Supervisor or designee will inform staff of Mantoux expiring. Person Responsible: Residential Supervisor; staff Completion Date: 7/1/12	07/01/2012

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	facility failed to immediately report a fall with resulting injury for client #4, and an emergency room (ER) visit for client #5 ; as indicated in 2 of 33 Bureau of Developmental Disabilities Services (BDDS) reports, in accordance with State law. Findings include: The facility records were reviewed on 5/30/12 at 11:25 A.M. including the BDDS reports for the past year. The BDDS reports indicated the following: A BDDS report dated 2/9/12 for an incident on 2/4/12 at 11:00 A.M. indicated the following: "[Client #4] reported to them that he had fallen while getting out of his bed that same morning, thus incurring a small abrassion to his left elbow." There was no indication why the incident had not been reported immediately to BDDS. A BDDS report dated 5/4/12 for an incident on 5/1/12 at 4:30 P.M. indicated the following: "...[client #5] was taken to the local ER due to not eating or drinking for over 24 hours ..." There was no indication why the incident had not been reported immediately to BDDS. An interview was conducted with the			

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	Qualified Mental Retardation Professional (QMRP) on 5/31/12 at 1:50 P.M.. The QMRP indicated he was unaware the reports had been submitted late. 9-3-2(a) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met. 460 IAC 9-3-3 Facility Staffing Sec. 3. (a) The residential facility shall meet all conditions specified in 42 CFR 483.430. (e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten(10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G751	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/01/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	treatment shall be provided as per diagnosis for the length of time prescribed by the physician. This rule was not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 staff (staff #2) files reviewed had an annual mantoux test in accordance with state law. Findings include: Facility employee records were reviewed on 5/30/12 at 11:40 A.M. and indicated staff #2 had last recieved a Mantou test given on 4/8/2008 and read on 4/10/2008 with a result of 0 millimeters of induration. An interview with the facility Human Resource (HR) staff was conducted on 5/30/12 at 11:47 A.M.. The HR staff stated "I can not find an updated TB test. She (staff #2) had transferred from another department at the facility where they were only required to complete an initial TB test not a yearly one as is required in the group homes. 9-3-3(e)			

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