

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G075	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/18/2015
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 4422 LAKE AVE FORT WAYNE, IN 46815
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
W 000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: May 11, 12, 13, 14, 15 and 18, 2015.</p> <p>Facility number: 000619 Provider number: 15G075 AIM number: 100233750</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p>	W 000		
W 210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, record review and interview, the facility failed to obtain physical therapy, occupational therapy and speech therapy assessments for 1 of 1 client (client #1) who was admitted to the group home within the past year.</p>	W 210	<p>Client#1 will get a physical therapy, occupational therapy, and speech therapy assessments PersonResponsible: Agency nurse CompletionDate: June 17, 2015 The agency nurses will be retrained to schedule physical therapy, occupational therapy, and</p>	06/17/2015

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>Findings include:</p> <p>Observations were conducted at the group home on 5/11/15 from 3:39 P.M. through 5:48 P.M. Client #1 utilized a cane to ambulate throughout his home.</p> <p>Client #1's record was reviewed on 5/12/15 at 3:51 P.M. Client #1's physician's order (PO) dated 2/2015 indicated client #1's diagnoses included, but were not limited to, down syndrome, venous insufficiency, history of deep vein thrombosis, gout, arthritis, leg ulcers, edema, obesity and left sided weakness. Client #1's PO indicated he utilized a cane when ambulating. Client #1's record indicated he was admitted to the group home on 5/30/2014. Client #1's record did not include occupational therapy (OT), physical therapy (PT) or speech therapy (ST) assessments.</p> <p>An interview was conducted with the administrative assistant (AA) on 5/18/15 at 12:45 P.M. The AA indicated there were no OT, PT or ST assessments available for review for client #1.</p> <p>An interview was conducted with the Group Home Director (GHD) on 5/18/15 at 1:57 P.M. The GHD indicated OT, PT and ST assessments should have been completed on client #1 within the first 30</p>		<p>speech therapy assessments within 30 days of client admission to a group home PersonResponsible: Nurse Supervisor CompletionDate: June 17, 2015 The Director of Group Home Services will complete an audit of client records 30 days after admission to ensure that clients receive necessary assessments PersonResponsible: Director of Group Home Services CompletionDate: June 17, 2015</p>	

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	days of his admission to the group home. The GHD stated, "If you couldn't find them in his record, he probably did not have them done." 9-3-4(a)				