STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTER SEALS ARC OF NORTHEAST	2524 BEECHWOOD CIR FORT WAYNE, IN 46807

(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 recertification and state licensure survey. Dates of survey: April 26, 27, and 30, 2012 Surveyor: Kathy Craig, Medical Surveyor III Facility Number: 000777 Provider Number: 15G257 AIMS Number: 100243390 These deficiencies also reflect state findings under 460 IAC 9. Quality Review completed on 5/4/12 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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W0248	483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on observation and interview, the facility failed for 5 of 5 clients (#1, #2, #3, #4, and #5) who resided in the group home, to have available for review their ISPs (Individual Support Plans) at the group home. Findings include: Observations were conducted at the group home on 4/27/12 from 6:00 AM to 7:25 AM. Staff #1 and staff #2 could not locate clients #1, #2, #3, #4, and #5's ISPs in the home when asked. Staff #1 and #2 could not locate clients #1, #2, and #3's April 2012 data (program objectives) sheets in the home. Interview on 4/27/12 at 7:15 AM with staff #1 and staff #2 was conducted and they indicated they did not know where clients #1, #2, #3, #4, and #5's ISPs were kept, and did not know where clients #1, #2, and #3's April data sheets were. 9-3-4(a)	W0248	W248 For clients #1, #2, #3, #4 and #5 the agency will in-service staff on where each client's Individual Support Plan and training data sheets are located in the group home. Staff will be in-serviced on each clients ISP to include implementing training objectives. Person Responsible: Residential Supervisor and QIDP Completion Date: 5/30/12 To ensure compliance for all clients, Residential Supervisor will update the Client Information book to include where clients ISP's and Program goals sheets are located. Annually, after each clients ISP staff will be trained on the new ISP that includes ISP goals. If new staff/temps come in, they will be instructed to read the book and sign it before their shift. Observations will be conducted by the Residential Supervisor twice per month, the QIDP once per month ongoing. Observers will look to ensure ISP and goals are located in the residence and that staff know where they are. Person Responsible: Residential Supervisor and QIDP Completion Date: 5/30/12	05/30/2012

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W0249	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. Based on observation, record review, and interview, the facility failed for 3 of 5 clients (clients #3, #4, and #5) by not implementing med (medication goals) at the morning med pass. Findings include: Observations were conducted at the group home on 4/27/12 from 6:00 AM to 7:25 AM. At 6:05 AM, staff #1 administered client #4's medications, which included one 40 mg (milligram) Propranolol (also known as Inderal, a beta blocker medication) tablet.. At 6:20 AM, staff #1 administered client #3's medications. Client #3 was not instructed to locate the appropriate med (medication) slot on the med pack and punch it out. At 6:30 AM, client #5 was administered his medications but was not prompted r assisted to locate his correct medication folder at medication time. Review on 4/27/12 at 11:35 AM of client	W0249	W249 For clients #3, #4 and #5, the agency will in-service staff on each client's Individual Support Plan and training goals to include Active Treatment and implementing medication goals. Person Responsible: Residential Supervisor and QIDP Completion Date: 5/30/12 To ensure compliance for all clients, annually, after each clients ISP staff will be trained on the new ISP that includes ISP goals. If new staff/temps come in, they will be instructed to read the Client Information book and sign it before their shift. Observations will be conducted by the Residential Supervisor twice per month, the QIDP once per month ongoing. Observers will look to ensure staff are implementing Active Treatment and medication goals. Person Responsible: Residential Supervisor and QIDP	05/30/2012

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	#3's records was conducted. His ISP (Individual Support Plan) dated 7/1/11 included a medication goal to locate the appropriate medication slot on his med card. Review on 4/30/12 at 12:50 PM of client #4's ISP goals dated 5/9/11 indicated client #4 was to indicate the number of Inderal tablets he takes. Review on 4/30/12 at 12:55 PM of client #5's ISP goals dated 4/4/12 indicated he was to locate his correct medication folder at med time. Interview on 4/27/12 at 12:50 PM with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated staff should be implementing medication goals during med pass. 9-3-4(a)		Completion Date: 5/30/12	

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W0369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review, and interview, the facility failed to administer 3 meds (medications) out of 11 meds without error given to 2 of 5 clients (clients #2 and #5) who resided at the group home. Findings include: Observations were conducted at the group home on 4/27/12 from 6 AM to 7:25 AM. At 6:00 AM, client #2 was at the table eating his breakfast consisting of cereal, toast, juice and milk. At 6:15 AM, staff #1 administered one 120 mg (milligram) Omeprazole tablet (acid reducing medication.) The med (medication) packet indicated Omeprazole was to be taken "before food/meal." Client #2 was also given one 100 mg Doxycycline Hyclate tablet (Anti-biotic.) The med packet indicated this medication to be taken "on an empty stomach." At 6:20 AM, client #5 sat down to eat breakfast consisting of cereal, juice, toast, and milk. At 6:30 AM, staff #1 administered to client #5 one 600 mg Gemfibrozil (Cholesterol reducing medication.) The	W0369	W369 For clients #1 and #2, the Residential Supervisor will in-service staff on correct medication administration of medications. Agency RN has updated the EMAR system to include how the medication is given; (empty stomach, ½ hour before meal, etc.) staff have to verify the medication was given per instructions when the medication is given. Person Responsible: Residential Supervisor; QIDP and Nursing Supervisor Completion Date: 5/30/12 To ensure compliance for all clients, Agency RN's will review the EMAR medications against the physician's orders to make sure instructions are with each medication. Observations will be conducted by the Residential Supervisor twice per month, the QIDP once per month ongoing. Observers will look to ensure staff are correctly administering medications. Person Responsible: Residential Supervisor; QIDP and Nursing Supervisor Completion Date: 5/30/12	05/30/2012

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	med packet indicated to the medication was to be taken 1/2 hour before a meal." Review on 4/27/12 at 6:50 AM of client #2's MAR (Medication Administration Record) dated April, 2012, indicated his Omeprazole was to be taken one hour before breakfast. The MAR did not indicate any instructions for the Doxycycline Hyclate medication. Review on 4/27/12 at 6:50 AM of client #5's MAR dated April 2012, did not indicate any instructions for the Gemfibrozil. Interview on 4/27/12 at 6:55 AM with staff #1 was conducted. Staff #1 indicated he did not know clients #2 and #5's meds as indicated above were to be taken before a meal. Interview on 4/27/12 at 11:50 AM with the facility nurse was conducted. The nurse indicated clients #2 and #5 should have taken those particular meds before their meals. 9-3-6(a)			

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W0371	483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #2) by not incorporating a med (medication) goal into his program plan. Findings include: Review on 4/27/12 at 11:25 AM of client #2's records included his ISP (Individual Support Plan) dated 4/26/11 and his objectives did not include a medication goal. There was no assessment in his records indicating he could not learn to independently take his medications. There were no IDT (Interdisciplinary Team) meeting notes indicated whether he could benefit or not from a med goal. Interview on 4/30/12 at 2:51 PM with the Director of Residential Services was conducted. She indicated client #2 does not have a med goal but should have. 9-3-6(a)	W0371	W371 - For client #2, the agency has completed a Client Rights Assessment indicating the need for a medication goal. His new 2012 ISP that was sent out last week has a medication goal. Staff will be trained on the new goal and to implement it as scheduled. To ensure compliance for all clients, QIDP will utilize the ISP Checklist form at the annual ISP that indicates the needed areas of training that need discussed. Observations will be conducted by the Residential Supervisor twice per month, the QIDP once per month ongoing. Observers will look to needed medication goals have been implemented for clients that need the training. Person Responsible: Residential Supervisor and QIDP Completion Date: 5/30/12	05/30/2012

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W0455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed for 4 of 5 clients (clients #1, #2, #4, and #5) who resided in the group home by not prompting them to wash or sanitize their hands before taking their meds (medications). Findings include: Observations were conducted at the group home on 4/27/12 from 6:00 AM to 7:25 AM. Med pass started at 6:05 AM. Staff #1 did not prompt or ask clients #1, #2, #4, and #5 to wash or sanitize their hands before taking their meds. Interview on 4/27/12 at 12:15 PM with the facility nurse was conducted. The nurse indicated clients should at least be using hand sanitizer before taking their meds. 9-3-7(a)	W0455	W455 For clients #1, #2, #4 and #5 the agency will in-service staff on prompting clients to wash hands or use hand sanitizer before taking medications. Person Responsible: Residential Supervisor and QIDP Completion Date: 5/30/12 To ensure compliance for all clients, observations will be conducted by the Residential Supervisor twice per month, the QIDP once per month ongoing. Observers will look to ensure staff are prompting clients to wash hands or use hand sanitizer before taking medications. Person Responsible: Residential Supervisor and QIDP Completion Date: 5/30/12	05/30/2012