

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 06/04/2014
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4915 HAFFNER DR FORT WAYNE, IN 46835
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: May 28, 29, June 2, 3, and 4, 2014.</p> <p>Facility number: 011870 Provider number: 15G751 AIM number: 200912390</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 6/11/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000209	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN 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. Based on record review and interview, the facility failed to insure participation by the client and/or their guardian, health care representative or advocate in the</p>	W000209	Client #1 and Client #3's ISPs will be given to the guardians again and signatures will be obtained indicating their agreement with	07/04/2014

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 Program Plan process for 2 of 3 sampled clients (clients #1 and #3).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/3/14 at 1:50 P.M. Client #1's Individual Support Plan (ISP) dated 11/15/13 indicated he had a guardian to assist him with decision making. There was no indication client #1 and/or his guardian had participated in the ISP developmental process.</p> <p>Client #3's record was reviewed on 6/3/14 at 3:19 P.M. Client #3's ISP dated 9/25/13 indicated she had a guardian to assist her with decision making. There was no indication client #3 and/or her guardian had participated in the ISP developmental process.</p> <p>The Assistant Residential Director (ARD) was interviewed on 6/4/14 at 11:15 A.M. The ARD indicated the facility mails copies of the ISP to the guardians with a request for them to sign if they agree with the program. The ARD stated, "No, I do not have any proof I sent them copies of the ISPs."</p> <p>9-3-4(a)</p>		<p>the plans</p> <p>Person Responsible: QIDP</p> <p>Completion Date: July 4, 2014</p> <p>The QIDPs will be retrained on the importance of individual and guardian participation in the development of the ISP</p> <p>Person Responsible: Assistant Director</p> <p>Completion Date: July 4, 2014</p> <p>The Assistant Director of Supported Living will complete a quarterly audit of client records to ensure that annual ISPs are being signed by clients and guardians</p> <p>Person Responsible: Assistant Director Supported Living</p> <p>Completion Date: July 4, 2014</p>				

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W000322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed to provide documentation indicating 1 of 3 sampled clients (client #1) had his yearly physical exam.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/3/14 at 1:50 P.M. Client #1's record indicated he had an annual physical on 12/20/12.</p> <p>The Assistant Residential Director (ARD) was interviewed on 6/4/14 at 11:15 A.M. The ARD stated, "The RN told me he (client #1) went for an annual physical on 9/9/13. His physician did not complete the documentation. The forms were re-faxed to his physician but, we have not received them as of yet." The ARD indicated the forms should have been available for review.</p> <p>9-3-6(a)</p>	W000322	<p>Client #1 will receive his annual physical</p> <p>-</p> <p>Person Responsible: Agency Nurse</p> <p>Completion Date: July 4, 2014</p> <p>The nurses will receive retraining on the importance of annual physicals</p> <p>Person Responsible: Director of Client Health Services</p> <p>Completion Date: July 4, 2014</p> <p>The Assistant Director of Supported Living will complete a quarterly audit of client records to ensure that annual physicals are being completed</p>	07/04/2014

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W000440	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>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 2 of 3 additional clients (clients #4 and #5) lived.</p> <p>Findings include:</p> <p>Evacuation drills for the past year 5/28/13 through 5/28/14 were reviewed on 5/28/14 at 11:35 A.M. for clients #1, #2, #3, #4, and #5. The evacuation drills (fire/tornado) for the over night shift were documented as being held on 8/10/13 fire drill at 3:00 A.M., 11/10/13 fire drill at 5:00 A.M., 1/25/14 tornado drill indicated "overnight" no specific time for the drill was documented, 4/26/14 tornado drill at 3:00 A.M. There was no evacuation drill available for review for the time period between 4/26/14 and 8/10/13 and the drill held on</p>	W000440	<p>Person Responsible: Assistant Director Supported Living</p> <p>Completion Date: July 4, 2014</p> <p>The supported living drill schedule will be updated to include quarterly fire and tornado drills on each shift. The schedule will include the specific hour that staff should run the drill</p> <p>Person Responsible: Assistant Director Supported Living</p> <p>Completion Date: July 4, 2014</p> <p>The QIDP will review drill forms to ensure that they were run correctly</p> <p>Person Responsible: QIDP</p> <p>Completion Date: July 4, 2014</p>	07/04/2014

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	<p>1/25/14 did not have the time of the drill documented.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 5/28/14 at 2:55 P.M. When asked if there were more evacuation drills available for review. AS #1 stated, "They are checking at the home, but I believe one is missing."</p> <p>The Assistant Residential Director (RD) was interviewed on 6/4/14 at 11:35 A.M. The ARD stated, "Yes, that is all the drills we have." 9-3-7(a)</p>			