

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G074	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/15/2014
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NAME OF PROVIDER OR SUPPLIER  EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 5924 ABBOTT ST FORT WAYNE, IN 46816
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: January 9, 10, 13, 14 and 15, 2014.</p> <p>Facility Number: 000618 Provider Number: 15G074 AIMS Number: 100233730</p> <p>Surveyor: Kathy Wanner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 21, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) to ensure the QIDP (Qualified Intellectual Disabilities Professional) monitored the ISP (Individual Support Plan) objectives by failing to document a quarterly</p>	W000159	<p>The monthly program summary form will be updated to include an area for the QIDP to sign to indicate that they have reviewed the summary. Person Responsible: Assistant Director Completion Date:</p>	02/14/2014

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>review of the objectives; and by failing to ensure evacuation drill reports were filled out correctly so they could be evaluated for effectiveness, adjusted for problems identified and monitored for progress for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 of 3 additional clients (clients #5, #6 and #7).</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 1/13/14 at 1:02 P.M. Client #1's ISP dated 5/9/13 included objectives to prepare a hot side dish, push the buttons on the washer/dryer, learn how much change to get back, brush her teeth, name four of her medications, color coordinate clothing when dressing, clean her bedroom, and participate in a scheduled outing with other peers. There was no evidence of a QIDP review of client #1's objectives in September, October or November, 2013.</p> <p>Client #2's record was reviewed on 1/13/14 at 1:45 P.M. Client #2's ISP dated 12/11/13 included objectives to swipe his debit card, consume bite sized portions when taking bites of food, say words (eat, sleep, bathroom), pour own water for medications, brush his teeth, turn pants placing tag in back when dressing and increase laundry skills.</p>		<p>February 14, 2014 The QIDPswill be trained to review all group home clients' monthly program summaries andsign them. Personresponsible: Assistant DirectorCompletionDate: February 14, 2014</p>	

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	<p>There was no evidence of a QIDP review of client #2's objectives in September, October or November, 2013.</p> <p>Client #3's record was reviewed on 1/13/14 at 2:05 P.M. Client #3's ISP dated 4/2/13 included objectives to clean lint filter on dryer, brush teeth 2 minutes, differentiate between quarters and dimes, swab mouth with oral rinse, use his communication device, choose his own foods for lunch, cut his foods into bite sized pieces, report to work in 5 minutes after breaks and focus on tasks. There was no evidence of a QIDP review of client #3's objectives in September, October or November, 2013.</p> <p>Client #4's record was reviewed on 1/13/14 at 2:27 P.M. Client #4's ISP dated 8/2/13 included objectives to brush teeth 2 minutes, prepare a drink at meals, use appropriate amount of toilet paper, state name of medications and wash herself appropriately at bath time. There was no evidence of a QIDP review of client #4's objectives in September, October or November, 2013.</p> <p>Administrative Staff #1 was interviewed on 1/13/14 at 3:05 P.M. AS #1 stated, "We are now on an electronic records system, and there isn't currently a place for the Q (QIDP) to sign when they</p>			

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	<p>review the objectives."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the Assistant Director were interviewed on 1/15/14 at 11:10 A.M. The Assistant Director stated, "Yes, the Q (QIDP) should sign the monthly objectives when they are reviewed."</p> <p>2. Evacuation drills for the past year 1/9/13 through 1/9/14 were reviewed on 1/9/14 at 12:40 P.M. The fire drills for 10/19/13 and 12/17/13 did not include the length of time it took to evacuate clients #1, #2, #3, #4, #5, #6 and #7 from the home.</p> <p>Administrative Staff #1 was interviewed on 1/9/14 at 2:11 P.M. AS #1 stated, "The fire drill forms are signed by the group home manager and the Qualified Intellectual Disabilities Professional (QIDP)."</p> <p>The QIDP and the Assistant Director(AD) were interviewed on 1/15/14 at 11:10 A.M. The AD indicated the drills were completed, but staff had not filled out the form correctly. The AD indicated drills were reviewed by the home manager and QIDP to evaluate effectiveness of the drills.</p>			

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W000263	<p>9-3-3(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to insure the Human Rights Committee (HRC) reviewed and approved the use of restrictive interventions for 1 of 3 sampled clients who had restrictive interventions in their behavior support plans (client #2) only after the written informed consent of the client, parent or guardian was obtained.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 1/13/14 at 1:45 P.M. Client #2's record indicated his mother acted as his health care representative (HCR) to assist client #2 with medical decisions. Client #2's BSP (behavior support plan) dated 12/20/12 indicated client #2 had the following targeted behaviors: symptoms of anxiety (yelling) and self-injurious</p>	W000263	<p>The QIDPs will be retrained to always have guardians or health care representatives sign the behavior support plan approval form prior to submitting the plan to the human rights committee for approval. Person Responsible: Assistant Director Completion Date: February 14, 2014</p> <p>The program approval form that is submitted to the human rights committee will be updated to include a section where the QIDP indicates that the guardian or health care representative gave consent to the plan. Person Responsible: Assistant Director Completion Date: February 14, 2014</p>	02/14/2014	

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W000312	<p>behaviors (SIB) (banging his head on things). The record review indicated client #2 received the following psychoactive medications: Clonidine (anti-hypertensive) for behaviors and insomnia and Invega (anti-psychotic) for behaviors. Client #2's BSP was approved by his HCR/parent on 2/12/13. Client #2's record indicated his BSP was approved by the facility's Human Rights Committee (HRC) on 1/21/13.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the Assistant Director (AD) were interviewed on 1/15/14 at 11:10 A.M. The AD stated, "The BSP should always be approved by the guardian or HCR prior to the HRC giving their approval."</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to indicate a specific</p>	W000312	The QIDPs will be retrained to write achievable goals and identify a medication to be	02/14/2014

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	<p>medication for possible reduction for 2 of 3 sampled clients (clients #1 and #2) who were prescribed medications for behavior intervention; and for 1 of 3 sampled clients receiving medications for behaviors (client #2) failed to implement a plan of reduction the client could achieve to reduce and eventually eliminate the behaviors for which the client received psychoactive medications.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 1/13/14 at 1:02 P.M. Client #1's Behavior Support Plan (BSP) dated 9/14/13 indicated client #1 had the following targeted behaviors: Going to bed at a reasonable time/getting up on time for work, positive self-talk/affirmation/assertion skills, and pulling hair (pulling out her own hair)/picking. The record review indicated client #1 received the following psychoactive medications: Abilify (anti-psychotic) for mood, Haldol (anti-psychotic) for schizoaffective disorder, Concerta (central nervous system stimulant) for attention, and Fluoxetine (anti-depressant) for obsessive compulsive disorder. Client #1's BSP indicated: "The psychiatrist and team</p>		<p>reduced in behavior support plans PersonResponsible: Assistant DirectorCompletionDate: February 14, 2014 The program approval form that is submitted to the human rights committee will be updated to include a section where the QIDP identifies the medication to be reduced. PersonResponsible: Assistant DirectorCompletionDate: February 14, 2014 Client#1 and client #2's behavior support plans will be rewritten to include achievable goals and identify a medication for reduction. The plans will be submitted to human rights committee for approval PersonResponsible: QIDP CompletionDate: February 14, 2014</p>				

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	<p>will evaluate the clinical effectiveness of the medication every 3 months. The ID (interdisciplinary) team will meet quarterly to review medications, side effects and current behaviors. The ID team will encourage the psychiatrist to make every effort to keep [client #1] on the lowest possible doses." Client #1's BSP did not indicate which medication or which class of medications was targeted for a possible reduction.</p> <p>Client #2's record was reviewed on 1/13/14 at 1:45 P.M. Client #2's BSP dated 12/20/12 indicated client #2 had the following targeted behaviors: symptoms of anxiety (yelling) and self-injurious behaviors (SIB) (banging his head on things). The record review indicated client #2 received the following psychoactive medications: Clonidine (anti-hypertensive) for behaviors and insomnia and Invega (anti-psychotic) for behaviors. Client #2's BSP indicated: "If [client #2] has 5 or fewer incidents of his targeted behaviors over a 12 month period, a reduction of his medication will be discussed." Client #2's BSP did not indicate which medication or which class of medications was targeted for a possible reduction.</p> <p>The Assistant Director was interviewed</p>			

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	<p>on 1/15/14 at 11:10 A.M. The Assistant Director stated, "A medication for reduction should be identified."</p> <p>2. Client #2's record was reviewed on 1/13/14 at 1:45 P.M. Client #2's BSP dated 12/20/12 indicated client #2 had the following targeted behaviors: symptoms of anxiety (yelling) and self-injurious behaviors (SIB) (banging his head on things). Client #2's BSP indicated the following objectives: "[Client #2] will have 2 or less reported incidents of symptoms of anxiety for 12 consecutive months. [Client #2] will have 2 or less reported incidents of self-abuse for 12 consecutive months."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the Assistant Director were interviewed on 1/15/14 at 11:10 A.M. The Assistant Director stated, "It would be hard to go for a whole year without a behavior." The QIDP indicated the behavior goals should be written so client #2 could meet them.</p> <p>9-3-5(a)</p>						

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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 document the time of each of the evacuation drills they held, therefore failing to ensure evacuation drills were completed at least quarterly for each shift at the group home for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 of 3 additional clients (clients #5, #6 and #7) lived.</p> <p>Findings include:</p> <p>Evacuation drills for the past year 1/9/13 through 1/9/14 were reviewed on 1/9/14 at 12:40 P.M. with clients #1, #2, #3, #4, #5, #6 and #7 as participants.</p> <p>The fire drill for 12/17/13 was dated but did not indicate the time of day the drill was held. There were no other drills to review for the day shift between the completed drill on 8/15/13 to present or evening drills between the completed drill on 10/9/13 to present.</p>	W000440	<p>Grouphome staff will be retrained to fill out tornado and fire drills completely. PersonResponsible: QIDPCompletionDate: February 14, 2014 The QIDPs will be retrained to review and sign each fire and tornado drill. PersonResponsible: QIDPCompletionDate: February 14, 2014 The QIDP will complete a checklist monthly for 3 months indicating that the fire and tornadodrills have been turned in and completed correctly PersonResponsible: QIDPCompletionDate: February 14, 2014</p>	02/14/2014
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W000447	<p>An interview with Direct Care Staff (DCS) #3 was conducted on 1/14/14 at 7:15 A.M. DCS #3 stated, "I think they are done at least every month on different shifts."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the Assistant Director(AD) were interviewed on 1/15/14 at 11:10 A.M. The AD stated, "Evacuation drills should be done monthly and on every shift." The AD indicated the drills were completed, but staff had not filled out the form correctly.</p> <p>9-3-7(a)</p> <p>483.470(i)(2)(iii) EVACUATION DRILLS The facility must file a report and evaluation on each evacuation drill. Based on record review and interview, the facility failed to document the length of time and time of day for each</p>	W000447	Grouphome staff will be retrained to fill out tornado and fire drills completely. PersonResponsible: QIDPCompletionDate: February	02/14/2014

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	<p>evacuation drill, therefore failing to ensure evacuation drills could be evaluated for effectiveness, adjusted for problems identified and monitored for progress of evacuations for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 of 3 additional clients (clients #5, #6 and #7).</p> <p>Findings include:</p> <p>Evacuation drills for the past year 1/9/13 through 1/9/14 were reviewed on 1/9/14 at 12:40 P.M. The fire drill for 12/17/13 was dated but did not indicate the time of day the drill was held. The fire drills for 10/19/13 and 12/17/13 did not include the length of time it took to evacuate clients #1, #2, #3, #4, #5, #6 and #7 from the home.</p> <p>Administrative Staff #1 was interviewed on 1/9/14 at 2:11 P.M. AS #1 stated, "The fire drill forms are signed by the group home manager and the Qualified Intellectual Disabilities Professional (QIDP)."</p> <p>The QIDP and the Assistant Director(AD) were interviewed on 1/15/14 at 11:10 A.M. The AD indicated the drills were completed, but staff had not filled out the form correctly. The AD indicated drills were</p>		<p>14, 2014 The QIDPs will be retrained to review and sign each fire and tornado drill. PersonResponsible: QIDPCompletionDate: February 14, 2014 The QIDP will complete a checklist monthly for 3 months indicating that the fire and tornado drills have been turned in and completed correctly PersonResponsible: QIDPCompletionDate: February 14, 2014</p>				

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	<p>reviewed by the home manager and QIDP to evaluate effectiveness of the drills.</p> <p>9-3-7(a)</p>			