

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 11/07/2014
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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: November 5, 6 and 7, 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 November 14, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000210	<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 assess mealtime skills for supports and did not assess communication skills, for 1 of 3 newly admitted clients (client #2) to the group home, within 30 days of admission.</p>	W000210	<p>Client #2 will get a mealtime and speech assessment</p> <p>Person Responsible: Agency nurse</p>	12/07/2014

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>Findings include:</p> <p>Client #2 was observed in her home on 11/5/14 from 4:31 P.M. through 5:48 P.M. Client #2 was observed to be eating her dinner at a fast pace. She was non-verbal, but did make some vocalizations.</p> <p>Client #2 was observed in her home on 11/6/14 form 5:40 A.M. through 7:10 A.M. Client #2 was observed eating her oatmeal at a rapid pace. Spilling some on the front of her shirt as she ate. Client #6 motioned/gestured to client #2 for her to drink her juice, which she did after client #6 indicated to her she should drink.</p> <p>Client #2's record was reviewed on 11/6/14 at 2:43 P.M. Client #2's record indicated she had moved into the group home on 1/15/14 from another provider. Client #2's record did not include assessments of her mealtime and speech skills.</p> <p>An interview was conducted with client #2's RN on 11/7/14 at 12:50 P.M. Client #2's RN stated, "I don't think this was done at the time of her admission." The RN indicated due to client #2's communication deficit evaluations would be a good idea.</p>		<p>Completion Date: December 7, 2014</p> <p>The agency nurses will be retrained to schedule mealtime and speech assessments within 30 days of client admission to a group home</p> <p>Person Responsible: Nurse Practitioner</p> <p>Completion Date: December 7, 2014</p> <p>The Assistant Director of Supported Living completed an audit of client records to ensure that all clients that have moved in have received speech assessments within 30 days. Two other clients were found to be affected by this deficient practice. They will get speech assessments. The assistant director will complete quarterly audits of client records on an ongoing basis</p> <p>Person Responsible: Assistant Director</p> <p>Completion Date: December 7,</p>				

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W000351	<p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 11/7/14 at 1:15 P.M. the QIDP stated, "I can't find where she was evaluated."</p> <p>9-3-4(a)</p> <p>483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission). Based on record review and interview, the facility failed for 1 of 3 new admissions to the group home (client #1), to obtain dental services including a complete extraoral and intraoral examination within 30 days after admission.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 11/6/14 at 2:17 P.M. Client #1's record</p>	W000351	<p>2014</p> <p>Client #1 will have her dental exam</p> <p>Person Responsible: Agency nurse</p> <p>Completion Date: December 7, 2014</p> <p>The agency nurses will be</p>	12/07/2014

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	<p>indicated she was admitted to the group home on 9/26/14. Client #1's record indicated she had a dental exam scheduled for 11/21/14.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 11/7/14 at 1:18 P.M. The QIDP stated, "[Client #1's] dental exam was not completed timely."</p> <p>9-3-6(a)</p>		<p>retrained to schedule dental exams within 30 days of client admission to a group home</p> <p>Person Responsible: Nurse Practitioner</p> <p>Completion Date: December 7, 2014</p> <p>-</p> <p>The Assistant Director of Supported Living completed an audit of client records to ensure that all clients that have moved in have a dental exam within 30 days. No other clients were affected by this deficient practice. The assistant director will complete quarterly audits of client records on an ongoing basis</p> <p>Person Responsible: Assistant Director</p>	