

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G415	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  11/02/2015
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NAME OF PROVIDER OR SUPPLIER  EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 8626 STANDRIDGE RUN FORT WAYNE, IN 46825
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W 0000  Bldg. 00	<p>This visit was for a predetermined full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00179013.</p> <p>Complaint #IN00179013: Substantiated, Federal and State deficiencies related to the allegations are cited at W149 and W249.</p> <p>Dates of survey: October 26, 27, 28, 29, 30 and November 2, 2015.</p> <p>Facility number: 000929 Provider number: 15G415 AIM number: 100244520</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/20/15.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p>			

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>Based on record review and interview, the facility neglected to ensure staff followed their policy regarding abuse and neglect for 2 of 3 sampled clients (clients B and C) and 1 of 2 additional clients (client D).</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/26/2015 at 1:44 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports for the time period between 7/1/2015 and 10/26/2015. The BDDS reports indicated the following:</p> <p>1. A BDDS report dated 8/31/15 for an incident on 8/30/15 at 3:00 A.M. involving clients C and D indicated "On 8/30/15 it was believed to be that both staff (direct care staff) DCS #12 and DCS #13 had fallen asleep while they were supposed to be caring for the clients. Both staff were suspended pending investigation."</p> <p>A BDDS follow-up report for the incident above dated 9/4/15 indicated "The Abuse, Neglect and Exploitation Committee...reviewed the incident investigation and information and found the allegation to be substantiated for both [DCS #12] and DCS #13] due to</p>	W 0149	<p>The Residential Director will review the agency standard operating procedures to determine if changes to the policy are necessary. PersonResponsible: Residential Director CompletionDate: December 2, 2015 Client B's behavior consultant will retrain all the group home staff on her BSP. The observations will be documented and any issues noted will be corrected. PersonResponsible: Behavior Consultant CompletionDate: December 2, 2015 Client B's behavior consultant will observe staff interaction with client B at the group home once a week for 4 weeks and then once a month for 3 months PersonResponsible: Behavior Consultant CompletionDate: December 2, 2015 The Residential Director will review client B's behavior support plan to determine if changes to the plan are necessary PersonResponsible: Residential Director CompletionDate: December 2, 2015 The group home supervisor will complete an observation of the group home once a week ongoing checking for adherence to client behavior support plans. The observations will be documented and any issues noted will be corrected. PersonResponsible: Group Home Supervisor CompletionDate: December 2, 2015 The QIDP</p>	12/02/2015			

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	<p>co-worker statements and camera footage showing [DCS #12] and [DCS #13] inactive for long blocks of time during their shift...[DCS #12] chose to resign and [DCS #13] was terminated on 9/4/15. Staff in the house will continue to follow the abuse, neglect and exploitation policies in place at all times."</p> <p>2. A BDDS report dated 7/27/15 at 6:00 A.M. indicated client B "reported to her day program staff that her morning staff had pulled her out of bed and that she had fell (sic) on the ground...would also not allow her to change clothing and threatened to take her music and CDs (compact discs) away." The Qualified Intellectual Disabilities Professional (QIDP) talked with client B and client B was able to identify the two staff who she alleged had pulled her out of bed. The staff were suspended and an investigation was initiated.</p> <p>The Facility's Internal Investigation dated 7/29/15 was reviewed on 10/30/15 at 11:25 A.M. and indicated the allegation of direct care staff (DCS) #10 and DCS #11 pulling client B out of bed was substantiated due to witness statements and their own statements that they placed their hands on client B to assist her in getting up from bed. The investigation indicated the "committee further</p>		<p>will complete an observation of the group home once a month ongoing checking for adherence to client behavior support plans. The observations will be documented and any issues noted will be corrected. Person Responsible: Residential Director Completion Date: December 2, 2015</p>		

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	<p>substantiated verbal abuse based on [DCS #10's] own statement" that "she would call her (client B's) mom and have her mom talk to her." The Abuse, Neglect and Exploitation Committee recommended that DCS #10 and #11 receive a written warning, 90 day probation and retraining on client rights with further recommendations that the "Behavior Consultant work with all house staff regarding [client B's] behaviors and morning routine."</p> <p>Client B's record was reviewed on 10/29/15 at 2:43 P.M. Client B's record indicated she had a Behavior Support Plan (BSP) dated 5/18/15 with the targeted behaviors of verbal aggression, physical aggression, active and passive resistance and inappropriate social skills. Client B's BSP did not include the use of hands on intervention.</p> <p>The facility's Standard Operating Procedures dated 2014 and the Staff and Client Relationships policy dated 2014 were reviewed on 10/27/15 at 9:09 A.M. The policy indicated "... 2. Alleged, suspected or actual neglect which includes but is not limited to: a. failure to provide appropriate supervision, care, or training. b. failure to provide a safe, clean and sanitary environment. c. failure to provide food and medical care as</p>			

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W 0249  Bldg. 00	<p>needed...10. Client safety is of utmost importance to the staff of [name of facility]. Abuse and neglect of clients will not be tolerated."</p> <p>An interview was conducted with the Director of Residential Services (DRS) on 11/2/15 at 2:30 P.M. The DRS stated "Staff did not follow her (client B's) plan. They were not to put their hands on her to assist her in getting out of bed." The DRS indicated the staff had not followed facility policy.</p> <p>This federal tag relates to complaint #IN00179013.</p> <p>9-3-2(a)</p> <p>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</p>			

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	<p>interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on record review and interview, the facility failed to ensure staff followed the Behavior Support Plan (BSP) for 1 of 3 sampled clients (client B).</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/26/2015 at 1:44 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports. for the time period between 7/1/2015 and 10/26/2015. The BDDS reports indicated the following:</p> <p>A BDDS report dated 7/27/15 at 6:00 A.M. indicated client B "reported to her day program staff that her morning staff had pulled her out of bed and that she had fell (sic) on the ground...would also not allow her to change clothing and threatened to take her music and CDs (compact discs) away." The Qualified Intellectual Disabilities Professional (QIDP) talked with client B and client B was able to identify the two staff who she alleged had pulled her out of bed. The staff were suspended and an investigation was initiated.</p> <p>The Facility's Internal Investigation dated</p>	W 0249	<p>Client B's behavior consultant will retrain all the group home staff on her BSP. The observations will be documented and any issues noted will be corrected. Person Responsible: Behavior Consultant Completion Date: December 2, 2015 Client B's behavior consultant will observe staff interaction with client B at the group home once a week for 4 weeks and then once a month for 3 months Person Responsible: Behavior Consultant Completion Date: December 2, 2015 The Residential Director will review client B's behavior support plan to determine if changes to the plan are necessary Person Responsible: Residential Director Completion Date: December 2, 2015 The group home supervisor will complete an observation of the group home once a week ongoing checking for adherence to client behavior support plans. The observations will be documented and any issues noted will be corrected. Person Responsible: House Supervisor Completion Date: December 2, 2015 The QIDP will complete an observation of the group home once a month ongoing checking for adherence to client behavior support plans. The observations will be documented and any issues</p>	12/02/2015

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	<p>7/29/15 was reviewed on 10/30/15 at 11:25 A.M. and indicated the allegation of direct care staff (DCS) #10 and DCS #11 pulling client B out of bed was substantiated due to witness statements and their own statements that they placed their hands on client B to assist her in getting up from bed. The investigation indicated the "committee further substantiated verbal abuse based on [DCS #10's] own statement" that "she would call her (client B's) mom and have her mom talk to her." The Abuse, Neglect and Exploitation Committee recommended that DCS #10 and #11 received a written warning, 90 day probation and retraining on client rights with further recommendations that the "Behavior Consultant work with all house staff regarding [client B's] behaviors and morning routine."</p> <p>Client B's record was reviewed on 10/29/15 at 2:43 P.M. Client B's record indicated she had a Behavior Support Plan (BSP) dated 5/18/15 with the targeted behaviors of verbal aggression, physical aggression, active and passive resistance and inappropriate social skills. Client B's BSP did not include the use of hands on intervention.</p> <p>An interview was conducted with the Director of Residential Services (DRS)</p>		<p>noted will be corrected. Person Responsible: QIDP CompletionDate: December 2, 2015 The Residential Director will complete an observation of the group home once a month for three months checking for adherence to client behavior support plans. The observations will be documented and any issues noted will be corrected. Person Responsible: Residential Director CompletionDate: December 2, 2015 ADDENDUM: The QIDP will complete an observation of the group home 3 times a week for 4 weeks and then once a month ongoing checking for adherence to client behavior support plans. The observations will be documented and any issues noted will be corrected. Person Responsible: QIDP Completion Date: December 2, 2015</p>	

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W 0440 Bldg. 00	<p>on 11/2/15 at 2:30 P.M. The DRS stated "Staff did not follow her (client B's) plan. They were not to put their hands on her to assist her in getting out of bed."</p> <p>This federal tag relates to complaint #IN00179013.</p> <p>9-3-4(a)</p> <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 A, B and C) and 3 of 3 additional clients (D, E and F) lived.</p> <p>Findings include:</p> <p>Evacuation drills for the past year 10/26/14 through 10/26/15 were reviewed on 10/29/15 at 4:40 P.M. for the group home where clients A, B, C, D, E and F lived. There were no fire drills documented for the day shift between</p>	W 0440	<p>The grouphome staff will be retrained on holding evacuation drills at least quarterly oneach shift</p> <p>PersonResponsible: House Supervisor CompletionDate: December 2, 2015</p> <p>The firedrill and tornado schedule will be posted in the group home so that will staffknow when to conduct drills</p> <p>PersonResponsible: Group Home Supervisor CompletionDate: December 2, 2015</p>	12/02/2015

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	<p>October 25, 2014 and March 7, 2015.</p> <p>There were no evacuation drills documented for the overnight shift between August 30, 2015 and February 4, 2015. Evacuation drills were not held on a quarterly basis.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 10/29/15 at 5:08 P.M. When asked if there were more evacuation drills available for review, AS #1 stated, "No, they are missing drills."</p> <p>The Director of Supported Living (AD) was interviewed on 11/2/15 at 2:30 P.M. The AD stated, "Evacuation drills should be done monthly and on every shift."</p> <p>9-3-7(a)</p>		<p>The Department Director will remind all group home staff and supervisors about upcoming drills</p> <p>Person Responsible: Department Director Completion Date: Ongoing</p> <p>The QIDP will review drill forms to ensure that they were run correctly</p> <p>Person Responsible: QIDP Completion Date: December 2, 2015</p>	