STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G180	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTER SEALS ARC OF NORTHEAST	4420 WOODSTOCK DR FORT WAYNE, IN 46815

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
W000000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: January 8 and 9, 2014. Facility number: 000713 Provider number: 15G180 AIM number: 100243170 Surveyor: Susan Reichert, QIDP The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 1/13/14 by Ruth Shackelford, QIDP.	W000000		
W000159	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 3 of 3 sampled clients (clients #1, #2, and #3) to document the QIDP (Qualified Intellectual Disabilities Professional) review of ISP (Individual Support Plan)	W000159	The monthlyprogram summary form will be updated to include an area for the QIDP to sign toindicate that they have reviewed the summary. PersonResponsible: Assistant DirectorCompletionDate:	02/08/2014

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTER SEALS ARC OF NORTHEAST	4420 WOODSTOCK DR FORT WAYNE, IN 46815

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	objectives. Findings include: 1. Client #1's record was reviewed on 1/9/14 at 12:58 PM. Client #1's ISP dated 1/24/13 included objectives to push a button on his blood pressure cuff, remember his wallet, wash hands with soap and water, use floss pick, participate in a group social activity and participate in a volunteer activity. There was no evidence of a QIDP review of client #1's objectives in September, October or November or December, 2013. 2. Client #2's record was reviewed on 1/9/14 at 11:10 AM. Client #2's ISP dated 10/2/13 included objectives to state the name of Stelazine, hand purchases to cashier, apply deodorant, and brush teeth independently. There was no evidence of a QIDP review of client #2's objectives in September, October or November, 2013. 3. Client #3's record was reviewed on 1/9/14 at 12:00 PM. Client #3's ISP dated 1/10/13 included objectives to use a debit card, name the side effects of Onfi, make healthy food selections, work on assigned production, participate in group activities, and try new jobs.		February 8, 2014 The QIDPswill be trained to review all group home clients' monthly program summaries andsign them. Personresponsible: Assistant DirectorCompletionDate: February 8, 2014	

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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST		STREET ADDRESS, CITY, STATE, ZIP CODE 4420 WOODSTOCK DR FORT WAYNE, IN 46815	

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	There was no evidence of a QIDP review of client #3's objectives in September, October or November, 2013. The QIDP (Qualified Intellectual Disabilities Professional) and the Assistant Director were interviewed on 1/9/14 at 2:40 PM. The Assistant Director indicated the QIDP had reviewed the objectives, but had not documented the review with a signature. 9-3-3(a)			