

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G257	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/20/2015
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NAME OF PROVIDER OR SUPPLIER  EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 2524 BEECHWOOD CIR FORT WAYNE, IN 46807
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(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
W 0000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: May 13, 14, 15, 18, 19 and 20, 2015.</p> <p>Facility number: 000777 Provider number: 15G257 AIM number: 100243390</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p>	W 0000		
W 0336  Bldg. 00	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview,</p>	W 0336	The nurse that was responsible to complete the nursing	06/17/2015

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>the facility nursing services failed to complete quarterly nursing assessments for 3 of 3 sampled clients (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 5/15/15 at 1:32 P.M. There was no evidence in client #1's record to indicate the need for a medical care plan. Client #1's record included quarterly nursing assessments dated 3/20/15 and 12/31/14. A yearly physical was dated 12/12/14. There were no nursing assessments prior to the date of 12/31/14.</p> <p>Client #2's record was reviewed on 5/15/15 at 2:25 P.M. There was no evidence in client #2's record to indicate the need for a medical care plan. Client #2's record included quarterly nursing assessments dated 3/17/15 and 12/31/14. A yearly physical was dated 2/26/15. There were no nursing assessments prior to the date of 12/31/14.</p> <p>Client #3's record was reviewed on 5/15/15 at 2:43 P.M. There was no evidence in client #3's record to indicate the need for a medical care plan. Client #3's record included quarterly nursing assessments dated 3/5/15 and 12/18/14. A yearly physical was dated 3/18/15.</p>		<p>assessments for the clients#1, 2, and 3 is no longer employed with the agency. The agency nurses will be retrained to conduct nursing assessments of each client at least quarterly PersonResponsible: Nurse Supervisor CompletionDate: June 17, 2015 The Director of Group Home Services will complete an audit of client records quarterly to ensure that quarterly nursing assessments are being completed PersonResponsible: Director of Group Home Services CompletionDate: June 17, 2015</p>	

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	<p>There were no nursing assessments prior to the date of 12/18/14.</p> <p>An interview was conducted with the Administrative Assistant (AA) on 5/15/2015 at 3:48 P.M. The AA indicated there were no other nursing assessments available for review.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) #2 was interviewed on 5/20/15 at 3:08 P.M. The QIDP stated, "Yes, nursing quarterlies are missing. They should be done at least four times a year."</p> <p>9-3-6(a)</p>			