

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G751	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/31/2013
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NAME OF PROVIDER OR SUPPLIER  EASTER SEALS ARC OF NORTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4915 HAFFNER DR FORT WAYNE, IN 46835
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: May 29, 30, 31, 2013.</p> <p>Facility number: 011870 Provider number: 15G751 AIM number: 200912390</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/6/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000262	<p><b>483.440(f)(3)(i)</b> <b>PROGRAM MONITORING &amp; CHANGE</b> The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on interview and record review for 1 of 4 sampled clients (client #2), the facility failed to ensure the facility's Human Rights Committee (HRC) reviewed and approved the use of medication to treat symptoms of depression.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/30/13 at 3:14 PM. Client #2's physician orders dated 12/4/12 indicated client #2 received Mirtazapine 15 mg (milligrams) daily for depression. Client #2's Behavior Support Plan (BSP) dated 9/28/12 did not include the use of the medication to address symptoms of depression. The record did not include evidence of the facility's HRC review and approval of the medication to treat the client's depression.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) and group home nurse were interviewed on 5/31/13 at 1:08 PM. The nurse indicated client #2 had been prescribed Mirtazapine since 5/11/12. The QIDP indicated he was unaware client #2 took medication to treat depression and it should have been included in a plan to be reviewed by the facility's HRC.</p> <p>9-3-4(a)</p>	W000262	<p>The Human Rights Committee will review client #2's medication for symptoms of depression.</p> <p>Person Responsible: QIDP Completion Date: June 30, 2013</p> <p>The agency has a policy that all restrictive measures including psychotropic medications be reviewed and approved by the human rights committee prior to the restrictive measure being implemented. The agency nurse and QIDP will be retrained on this policy</p> <p>Person responsible: QIDP and Agency Nurse Completion Date: June 30, 2013</p> <p>The psychotropic medication review form has been updated to include an area for the QIDP to indicate if a new psychotropic medication has been prescribed and whether human rights committee approval is required.</p> <p>Person responsible: QIDP Completion Date: June 30, 2013</p>	06/30/2013			



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W000312	<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.</p> <p>Based on record review and interview, for 1 of 4 sampled clients (client #2), the facility failed to develop a plan to reduce the need for medication to treat symptoms of depression.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/30/13 at 3:14 PM. Client #2's physician orders dated 12/4/12 indicated client #2 received Mirtazapine 15 mg (milligrams) daily for depression. Client #2's Behavior Support Plan dated 9/28/12 did not include the use of the medication to address symptoms of depression.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) and group home nurse were interviewed on 5/31/13 at 1:08 PM. The nurse indicated client #2 had been prescribed Mirtazapine since 5/11/12. The QIDP indicated he was</p>	W000312	<p>W312 The medication for the symptoms of depression will be added to client #2's behavior support plan along with a plan to reduce the need for the medication. Person Responsible: QIDP Completion Date: June 30, 2013 The agency has a policy that all psychotropic medication prescribed to a client be included in the client's behavior support plan. The behavior support plan should also include a plan to reduce the need for the medication. The QIDP will be retrained on this policy Person Responsible: QIDP Completion Date: June 30, 2013 The psychotropic medication review form has been updated to include an area for the QIDP to indicate if a new psychotropic medication has been prescribed and whether human rights committee approval is required Person responsible: QIDP Completion Date: June 30, 2013</p>	06/30/2013			

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	unaware client #2 took medication to treat depression and it should have been included in a plan.  9-3-5(a)				