

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G073	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/20/2012
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 INWOOD DR FORT WAYNE, IN 46815
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: April 18, 19 and 20, 2012.</p> <p>Facility number: 000617 Provider number: 15G073 AIM number: 100233770</p> <p>Surveyor: Susan Reichert, Medical Surveyor III-Team Leader</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on April 27, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based upon interview and record review for 1 of 4 sampled clients (client #4), the facility failed to implement effective corrective action to protect client #4 from choking.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 4/18/12 at 3:26 PM. A report dated 7/12/11 indicated client #4 choked on a piece of chicken and required the Heimlich maneuver to dislodge the meat. The report indicated client #4 would have a swallow study on 7/28/11. A follow up report dated 7/29/11 indicated client #4 had a swallow study completed on 7/28/11 with the recommendations for dental soft foods, moisten ground meats, thin liquids. The follow up report indicated "staff will follow orders from doctor and swallow study," and were inserviced on the new plan. A report dated 10/14/11 indicated client #4 had eaten a small amount of cracker and began to gag. Staff encouraged her to cough and she spit up the cracker. The report indicated staff would be retrained on client #4's</p>	W0157	<p><u>Deficiency: W157</u> · ADC and group home staff will be re-trained on client #4 dietary plan and reassessment. Completion date: May 18, 2012 · ADC and group home staff will be re-trained on all Inwood clients with risk for choking Completion date: May 18, 2012 · ADC and group home staff will pass a competency based quiz to demonstrate knowledge of client #4 dietary plan. Completion date: May 18, 2012 · ADC and group home staff will pass a competency based quiz to demonstrate knowledge of all Inwood clients' dietary plans with risk for choking. Completion date: May 18, 2012 · ADC Supervisor will provide quality assurance by checking all meals and snacks daily for client #4 for two weeks then weekly for 3 months. Meals and snacks will be monitored ongoing. Completion date (daily two week monitoring): June 1, 2012 Completion date (weekly monitoring for 3 months): August 31, 2012 Completion date: ongoing monitoring: Group home meals and snacks will be monitored ongoing two times per month by the supervisor and once per month by the QIDP. Completion date: ongoing Persons responsible: Director of Community Supports and QIDP</p>	05/18/2012			

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	<p>mechanical soft diet.</p> <p>Client #4's records were reviewed on 4/19/12 at 3:25 PM. A swallow study dated 7/28/11 indicated the recommendations for a dental soft diet with moist ground meat and thin liquids. A dining plan dated 3/28/12 indicated a mechanical soft diet-moisten ground meats with broth or gravy (2000 calorie).</p> <p>The group home nurse was interviewed on 4/19/12 at 3:20 PM and indicated staff had not followed client #4's plan when she had been given crackers.</p> <p>9-3-2(a)</p>						

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W0194	<p>483.430(e)(4) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.</p> <p>Based upon interview and record review for 1 of 4 sampled clients (client #4), the facility failed to ensure staff demonstrated competency in implementing her dining plan.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 4/18/12 at 3:26 PM. A report dated 7/12/11 indicated client #4 choked on a piece of chicken and required the Heimlich maneuver to dislodge the meat. The report indicated client #4 would have a swallow study on 7/28/11. A follow up report dated 7/29/11 indicated client #4 had a swallow study completed on 7/28/11 with the recommendations for dental soft foods, moisten ground meats, and thin liquids. The follow up report indicated "staff will follow orders from doctor and swallow study," and were inserviced on the new plan. A report dated 10/14/11 indicated client #4 had eaten a small amount of cracker and began to gag. Staff encouraged her to cough and she spit up the cracker. The report indicated</p>	W0194	<p>Deficiency: W194 · ADC and group home staff will be re-trained on client #4 dietary plan and reassessment. Completion date: May 18, 2012 · ADC and group home staff will be re-trained on any clients with risk for choking Completion date: May 18, 2012 · ADC and group home staff will pass a competency based quiz to demonstrate knowledge of client #4 dietary plan. Completion date: May 18, 2012 · ADC and group home staff will pass a competency based quiz to demonstrate knowledge of all clients dietary plans Completion date: May 18, 2012 · ADC Supervisor will provide quality assurance by checking all meals and snacks daily for two weeks then weekly for 3 months. Meals and snacks will be monitored ongoing. Completion date (daily two week monitoring): June 1, 2012 Completion date (weekly monitoring for 3 months): August 31, 2012 Completion date: ongoing monitoring · Group home meals and snacks will be monitored ongoing two times per month by the supervisor and once per month by the QIDP. Completion date: ongoing Persons responsible: Director of</p>	05/18/2012			

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	<p>staff would be retrained on client #4's mechanical soft diet.</p> <p>Client #4's records were reviewed on 4/19/12 at 3:25 PM. A swallow study dated 7/28/11 indicated the recommendation for a dental soft diet with moist ground meat and thin liquids. A dining plan dated 3/28/12 indicated a mechanical soft diet-moisten ground meats with broth or gravy (2000 calorie).</p> <p>The group home nurse was interviewed on 4/19/12 at 3:20 PM and indicated staff had not followed client #4's plan when she had been given crackers.</p> <p>9-3-3(a)</p>		Community Supports and QIDP		

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W0210	<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.</p> <p>Based on interview and record review for 1 of 4 sampled clients (client #4), the agency failed to re-assess client #4's nutritional needs after a change in diet was implemented.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 4/18/12 at 3:26 PM. A report dated 7/12/11 indicated client #4 choked on a piece of chicken and required the Heimlich maneuver to dislodge the meat. The report indicated client #4 would have a swallow study on 7/28/11.</p> <p>Client #4's records were reviewed on 4/19/12 at 3:25 PM. A swallow study dated 7/28/11 indicated the recommendation for a dental soft diet with moist ground meat and thin liquids. A dining plan 3/28/12 indicated a mechanical soft diet-moisten ground meats with broth or gravy (2000 calorie). Client #4's most recent dietary review was</p>	W0210	<p><u>Deficiency: W210</u></p> <ul style="list-style-type: none"> · Dietician completed a reassessment of client #4 nutritional needs on 5/10/12. Completion date: May 18, 2012 · ADC and group home staff will be re-trained on client #4 dietary plan and reassessment. Completion date: May 18, 2012 · ADC and group home staff will be re-trained on all clients' dietary plans. Completion date: May 18, 2012 · Staff will pass a competency based quiz to demonstrate knowledge of client #4 dietary plan. Completion date: May 18, 2012 · Staff will pass a competency based quiz to demonstrate knowledge of all clients' dietary plans. Completion date: May 18, 2012 · Proper implementation of dietary plans will be monitored ongoing by the supervisor two 	05/18/2012

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	<p>dated 6/23/11 and indicated she had a regular diet.</p> <p>The Qualified Mental Retardation Professional was interviewed on 4/20/12 and indicated client #4 had not been re-assessed for nutritional needs since her diet had been changed in 7/11.</p> <p>9-3-4(a)</p>		<p>times per month and once per month by the QIDP as instructed on the observation checklist. Completion date: Ongoing</p> <p>Persons responsible: Director of Community Supports and QIDP</p>		

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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 interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon observation, interview and record review for 1 additional client (client #5) the facility failed to ensure her ISP (individual support plan) objectives were implemented as written.</p> <p>Findings include:</p> <p>Observations at the group home were completed on 4/18/12 from 5:30 PM until 7:16 PM. At 5:35 PM client #5 walked to a chair with staff assistance using her gait belt. Client #5 remained in the chair without activity offered until 6:15 PM when the evening meal was offered. At 6:40 PM, client #5 was offered use of the restroom with staff assistance and was then assisted to a chair in the living room where she rocked without activity until she left the home for a community outing at 6:55 PM. At 6:40 PM clients #1, #2, #3, #6 and #8 prepared their lunches for the following day.</p> <p>The house manager was interviewed on 4/18/12 at 5:40 PM. She indicated she</p>	W0249	<p><u>Deficiency: W249</u></p> <ul style="list-style-type: none"> · Client #5 activities were being cleaned by the restoration company post the group home fire. Activities will be professionally cleaned and delivered and staff will be re-trained to ensure client #5 is engaged in active treatment. Completion date: May 18, 2012 · Staff will be retrained on client #5 objective to make her own Carnation Instant Breakfast drink. Staff will be retrained on the steps: pour CIB into a glass, pour the milk then stir. Completion date: May 18, 2012 · Active treatment will be monitored ongoing two times per month by the supervisor and once per month by the QIDP using an observation check list. Completion date: ongoing <p>Persons responsible: QIDP</p>	05/18/2012			

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	<p>had just returned from work after being off sick as a result of health effects due to a fire the group home had sustained on 4/9/12, requiring evacuation and temporary housing. She indicated she had noticed there were missing supplies for active treatment including a favored sensory activity for client #5, and she was in the process of obtaining a list of needed supplies.</p> <p>Observations at the group home were completed again on 4/19/12 from 5:45 AM until 7:05 AM. During medication administration on 4/19/12 at 5:58 AM, client #5 was given prepared Carnation instant breakfast to drink.</p> <p>Client #5's record was reviewed on 4/20/12 at 11:15 AM. Client #5's Individual Support Plan (ISP) 2/23/12 indicated an objective to make Carnation instant breakfast drink and indicated client #4 was to pour the Carnation into the glass, pour the milk into the glass and stir. Her ISP also indicated objectives to use a debit card, brush gums, pour water for medications, complete physical therapy exercises, increase sensory activities, increase laundry skills, mix, measure, and pour foods.</p> <p>The Qualified Mental Retardation Professional was interviewed on 4/20/12</p>						

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	at 12:40 PM and indicated client #5's plan should have been implemented. 9-3-4(a)			

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview for 1 additional client (client #5), the facility failed to ensure she had her adaptive eating equipment as indicated in her plan.</p> <p>Findings include:</p> <p>During observation at the group home on 4/18/12 5:30 PM until 7:16 PM client #5 ate her meal on a standard dining plate.</p> <p>Client #5's record was reviewed on 4/20/12 at 11:15 AM. Her 2/23/12 dining plan indicated she was to use a plate with lip.</p> <p>The House Manager (HM) was interviewed on 4/20/12 at 12:40 PM and indicated she had noticed client #5 didn't have her dining equipment after the group home sustained a fire on 4/9/12. The HM indicated she was in the process of getting her needed adaptive equipment.</p> <p>9-3-7(a)</p>	W0436	<p>Deficiency: W436</p> <ul style="list-style-type: none"> Client #5 plate with lip was a lost item due to the fire at the group home. The plate has been replaced as of 4/27/12. Staff will be re-trained on client #5 dining plan which includes the use of a lip plate. Completion date: May 18, 2012 Adaptive equipment will be monitored ongoing two times per month by the supervisor and once per month by the QIDP using an observation check list. Completion date: ongoing <p>Persons responsible: QIDP</p>	05/18/2012			

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