

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G415	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/07/2014
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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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W000000	<p>This visit was for a full recertification and state licensure survey.</p> <p>Dates of Survey: February 3, 4, 6, and 7, 2014.</p> <p>Facility number: 000929 Provider number: 15G415 AIM number: 100244520</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 18, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000159	<p>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 observation, record review and interview for 3 of 3 (clients #1, #2, and #3) sampled clients the QIDP (Qualified Intellectual Disabilities Professional) failed to document visits and ensure coordination of the implementation of individual support plans between day</p>	W000159	<p>Group homestaff will take Client # 3 to have her eye glasses repaired PersonResponsible: Group Home SupervisorCompletionDate: March 9, 2014 The QIDP willconduct quarterly observations of day services and will record theseobservations on an</p>	03/09/2014

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>services and the group home.</p> <p>Findings include:</p> <p>1. Observations were completed at the facility operated day services on 2/4/14 from 9:20 AM until 10:00 AM. During the observation, client #3 did not wear her eyeglasses.</p> <p>Client #3's work supervisor was interviewed on 2/4/14 at 9:25 AM and indicated client #3 was supposed to wear eyeglasses. He indicated client #3 refused to wear the eyeglasses and client #3 had always indicated to workshop staff her eyeglasses were not at work or were broken.</p> <p>Client #3 was interviewed on 2/4/14 at 9:30 AM. She indicated she had her eyeglasses in her back pack in her locker at day services, but she did not like to wear the eyeglasses because they were scratched and the nose piece was uncomfortable. When asked if the surveyor could look at the eyeglasses, she agreed as long as she did not have to wear her eyeglasses. Client #3 took a pair of eyeglasses with a superficial scratch on one lens one and 1/2 inches in length out of her back pack. She indicated she had told group home staff of the scratch on the eyeglasses.</p>		<p>Observation of Day Services form PersonResponsible: QIDPCompletionDate: March 9, 2014 The QIDP willsign that they have reviewed monthly program reviews from the day serviceproviders for all group home clients to ensure the implementation of goals andfollow up PersonResponsible: QIDPCompletionDate: March 9, 2014 Residentialmonthly program reviews will contain behavioral data for all group home clientswith behavior support plans and indicate whether they are making progress onBSP goals PersonResponsible: QIDPCompletionDate: March 9, 2014</p>				

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	<p>Client #3's supervisor was interviewed again and indicated client #3 had an objective to wear her eyeglasses and showed the surveyor an objective at day services for client #3 to wear her eyeglasses from arrival to break time at day services. The supervisor stated client #3 "never" wore her eyeglasses and indicated he had never seen her eyeglasses despite prompting client #3 to get her eyeglasses from her back pack and wear them. He indicated client #3's QIDP had not visited the day services in the past 7 months, and indicated it would be helpful if the day services staff and group home staff would coordinate strategies to ensure client #3 wore her eyeglasses.</p> <p>Client #3's record was reviewed on 2/6/14 at 12:00 PM. Client #3's ISP (Individual Support Plan) dated 7/2/13 indicated a goal to wear her eyeglasses one time daily. A review of client #3's objectives for day services/workshop indicated "Upon review, [client #3's] goals were found to be appropriate and effective at this time. Two of [client #3's] goals were not worked on and no documentation is available for safety drill goals and wearing her glasses. Wearing glasses will be removed." There was no evidence of a safety drill</p>			

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	<p>goal in client #3's record, and no evidence of a review or revision of the goal for client #3 to wear her glasses at day services by the QIDP. A vision exam dated 6/25/12 indicated client #3 was farsighted with vision of 20/200 in her right eye without correction for distance and reading and 20/80 in her left eye for distance and 20/200 for reading without correction. Recommendations indicated "New glasses."</p> <p>The ADSL (Assistant Director of Supported Living) was interviewed on 2/7/14 at 11:20 AM and indicated client #3's QIDP should have reviewed client #3's goals at day services and provided follow up action to ensure implementation of her goals.</p> <p>2. During observation at the facility operated adult day services on 2/4/14 from 10:10 to 11:00 AM, clients #1 and #2 were in a classroom completing sorting tasks. Workshop staff #2 sat beside client #2.</p> <p>Workshop staff #2 was interviewed on 2/4/14 at 10:25 AM and indicated client #2 often had headaches and behaviors of crying and noncompliance. She indicated client #1 was noncompliant to coming to the day service classroom at</p>			

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	<p>times and indicated workshop staff #3 was able to encourage client #1 into the room. Workshop staff #3 stated, clients #1 and #2's QIDP had not visited "in a long time," and indicated she was uncertain as to where to put documentation regarding the clients' behavior incidents, and was uncertain as to who the clients' BC (Behavior Consultant) or the QIDP were at this time.</p> <p>Client #1's record was reviewed on 2/6/14 at 10:53 AM. An ISP (Individual Support Plan) dated 11/1/13 indicated objectives to cross the street safely, use a debit card to make a purchase, go to the medication area at med (medication) time, brush teeth with full physical prompt, use a washcloth, sit on the toilet, sign three words, hold dental tools, stay with the group as directed, and wipe the table before lunch. A Behavior Support Plan dated 11/2/12 indicated target behaviors of physical aggression, and AWOL (away without leave)/Running away. The plan indicated data on targeted behaviors "will be collected on ABC (antecedent, behavior, consequence) cards. The data on Replacement Behaviors will be collected by the BC during training sessions. All behavior will be reviewed monthly as well as quarterly to</p>			

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	<p>determine progress. This plan will be revised when there are three months of no progress." An intervention in the BSP indicated client #1 "will often resist leaving the van. Redirect (sic) asking him by offering him his book bag to carry into the Day Program. If he refuses to carry the items get a wheelchair for him (sic) push or ride in. If this fails call or make arrangements with the BC to meet you there or pick him up at home. When he cooperates, praise him andso (sic) even more if he walks off the van. Complete ABC (antecedent, behavior, consequence) cards for the incident." A contact note dated 3/28/13 written by client #1's BC indicated the BC had provided training for client #1 to get out of a vehicle at a gas station, store and at day services. "Plan...continue to train to get out of the vehicle following simple commands. Status = (equals)Progress." There was no evidence of a QIDP review of client #1's training objective to get out of a vehicle.</p> <p>Client #2's record was reviewed on 2/6/14 at 1:00 PM. An ISP dated 1/15/14 indicated objectives to identify one medication taken for seizures, hand purchase to cashier, continue to use an electric toothbrush. A BSP dated 1/13/13 indicated target behaviors of physical aggression, self abuse and</p>			

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	<p>tantrums. The plan indicated data on targeted behaviors "will be collected on ABC cards," and collected by the BC each training session. The plan indicated the data would be reviewed monthly and quarterly to determine progress. "The Behavior Support Plan will be revised when there are four months of no progress." Monthly reviews of client #2's objectives after 3/13 indicated her BSP was reviewed and remained appropriate, but did not include a review of her progress on targeted behaviors.</p> <p>A BSP updated on 1/15/14 was provided on 2/7/14 at 11:15 AM and indicated target behaviors of verbal outbursts, physical aggression, and self abuse (biting right wrist and purposefully falling out of her wheelchair).</p> <p>The Assistant Director of Supported Living (ADSL) was interviewed on 2/6/14 at 1:30 PM and indicated the QIDP had visited day services for clients #1, #2, and #3, but had not documented the visits, and was uncertain why the staff was unaware of the QIDP visits. She indicated visiting day services was part of the role of the QIDP to ensure coordination of services and implementation of objectives.</p> <p>The ADSL was interviewed again on</p>			

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W000164	<p>2/7/14 at 11:20 AM and indicated the BC for client #3 was no longer providing services for client #1, but QIDP should have reviewed client #1's goal to get out of the vehicle from 3/13 to present.</p> <p>9-3-3(a)</p> <p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan. Based on observation, record review and interview for 3 of 3 sampled clients (clients #1, #2, and #3), the facility failed to</p>	W000164	Client #3 hasnever received services from a behavior consultant. The behaviors are minor innature. The Interdisciplinary team does not	03/09/2014

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	<p>assure the professional program services clinician (behavioral consultant) was available in the group home and at the facility operated day services to develop and ensure implementation of their behavior plans.</p> <p>Findings include:</p> <p>During observation at the facility operated adult day services on 2/4/14 from 10:10 to 11:00 AM, clients #1 and #2 were in a classroom completing sorting tasks. Workshop staff #2 sat beside client #2.</p> <p>Workshop staff #2 was interviewed on 2/4/14 at 10:25 AM and indicated client #2 often had headaches and behaviors of crying and noncompliance. She indicated client #1 was noncompliant to coming to the day service classroom at times and indicated workshop staff #3 was able to encourage client #1 into the room. Workshop staff #3 stated, clients #1 and #2's QIDP (Qualified Intellectual Disabilities Professional) or Behavior Consultant (BC) had not visited the day services "in a long time," and indicated she was uncertain as to where to put documentation regarding their behavior incidents since there had not been visits. Workshop staff #3 indicated a previous BC had visited frequently to observe in the clients' day program and observe meals.</p> <p>Client #1's record was reviewed on 2/6/14</p>		<p>believe that a behaviorconsultant's services are needed for client #3 at this time. A newbehavior consultant will be assigned for client #2 PersonResponsible: Supervising Behavior ConsultantCompletionDate: March 9, 2014 A newbehavior consultant has been assigned to client #1. The behavior consultantdeveloped a new BSP and it will go to the Human Rights Committee for approvalin March. PersonResponsible: Behavior ConsultantCompletionDate: March 9, 2014 Residentialmonthly program reviews will contain behavioral data for all group home clientswith behavior support plans and indicate whether they are making progress onBSP goals PersonResponsible: QIDPCompletionDate: March 9, 2014</p>				

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	<p>at 10:53 AM. A Behavior Support Plan dated 11/2/12 indicated target behaviors of physical aggression, and AWOL (away without leave)/Running away. The plan indicated data on targeted behaviors "will be collected on ABC (antecedent, behavior, consequence) cards. The data on Replacement Behaviors will be collected by the BC during training sessions." An intervention in the BSP (Behavior Support Plan) indicated client #1 "will often resist leaving the van. Redirect (sic) asking him by offering him his book bag to carry into the Day Program. If he refuses to carry the items get a wheelchair for him (sic) push or ride in. If this fails call or make arrangements with the BC to meet you there or pick him up at home. When he cooperates, praise him andso (sic) even more if he walks off the van. Complete ABC (antecedent, behavior, consequence) cards for the incident." A note dated 3/4/13 written by client #1's BC indicated the BC had picked client #1 up at client #1's home in a vehicle and client #1 had independently gotten in and out of the car to go to the store, a gas station and day services. "Plan...continue to train to get out of the vehicle following simple commands. Status = (equals) Progress." There was no evidence of additional training to encourage client #1 to get out of a vehicle. A psychotropic medication review form dated 9/19/13 indicated client #1 took Seroquel, Doxepin, and Inderal for behavior (not specified), and psychiatric diagnoses included ADD (attention deficit disorder)</p>			

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	<p>and mood disorder. There was no evidence of involvement of client #1's BC in the record since 3/13/13.</p> <p>Client #2's record was reviewed on 2/6/14 at 1:00 PM. An ISP dated 1/15/14 indicated objectives to identify one medication taken for seizures, hand purchase to cashier, continue to use an electric toothbrush. A BSP dated 1/13/13 indicated target behaviors of physical aggression, self abuse and tantrums. The plan indicated data on targeted behaviors "will be collected on ABC cards," and collected by the BC each training session. The plan indicated the data would be reviewed monthly and quarterly to determine progress. "The Behavior Support Plan will be revised when there are four months of no progress."</p> <p>A BSP updated on 1/15/14 was provided on 2/7/14 at 11:15 AM and indicated target behaviors of verbal outbursts, physical aggression, and self abuse (biting right wrist and purposefully falling out of her wheelchair). The plan indicated the responsible person was the QIDP and did not indicate evidence it was developed by a BC.</p> <p>Client #3's record was reviewed on 2/6/14 at 12:00 PM. Client #3 had a BSP dated 7/2/13. The plan included the target behaviors of ADD (attention deficit disorder); excessive talking and interrupting and the use of Adderall to address her behaviors. A BSP dated 7/2/13 indicated the</p>			

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W000225	<p>responsible person was the QIDP and did not indicate it was developed by a BC.</p> <p>The ADSL (Assistant Director of Supported Living) was interviewed on 2/7/14 at 11:45 AM. She indicated client #3's BC no longer provided services to the facility and there had not been a BC involved with clients #1, #2, and #3 since 3/13.</p> <p>9-3-3(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on observation, record review and interview, the facility failed to assess vocational skills for 3 of 3 sampled clients (clients #1, #2, and #3).</p> <p>Findings include:</p> <p>Observations were completed at the facility operated day services on 2/4/14 from 9:20 AM until 10:00 AM. During the observation, client #3 was working</p>	W000225	Vocationalassessments will be completed for all group home clients starting on their nextISP date and ongoing annually PersonResponsible: QIDPCompletionDate: March 9, 2014	03/09/2014

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	<p>on packaging items for a company. Client #3's supervisor indicated the work was paid.</p> <p>During observation at the facility operated adult day services on 2/4/14 from 10:10 to 11:00 AM, clients #1 and #2 were in a classroom completing non-paid sorting tasks.</p> <p>Client #1's record was reviewed on 2/6/14 at 10:53 AM. A vocational assessment dated 11/15/05 indicated recommendations for client #1 to "continue to participate in the programming offered in the Personal Development Center to improve...communication skills...,safety skills... attending skills... expand his variety of experiences..." There was no evidence of an updated vocational assessment.</p> <p>Client #2's record was reviewed on 2/6/14 at 1:00 PM. There was no evidence of a vocational assessment in the record.</p> <p>Client #3's record was reviewed on 2/6/14 at 12:00 PM. There was no evidence of a vocational assessment in the record.</p> <p>The Assistant Director of Supported</p>			

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W000322	<p>Living was interviewed on 2/7/14 at 11:45 AM and indicated there were no updated vocational assessments for clients #1, #2 and #3.</p> <p>9-3-4(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed to obtain an examination by an ophthalmologist as recommended by her physician for 1 of 3 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 2/6/14 at 12:00 PM. A vision exam by an ophthalmologist dated 3/23/12 indicated client #3 had cataracts and "follow, call prn (as needed) any changes." A vision exam by an optometrist dated 6/25/12 indicated client #3 was farsighted with vision of</p>	W000322	<p>Anophthalmology appointment will be scheduled for client #3. PersonResponsible: Agency NurseCompletionDate: March 9, 2014 The Record ofMedical Appointment form has been updated to include an area for the nurse to sign that they have reviewed the form including any recommendations from the physician. PersonResponsible: Agency NurseCompletionDate: March 9, 2014</p>	03/09/2014

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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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(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
	<p>20/200 in her right eye without correction for distance and reading and 20/80 in her left eye for distance and 20/200 for reading without correction. Recommendations indicated "New glasses...next exam is due: 6/14." Client #3's annual physical dated 1/31/13 indicated vision of 20/200 in her right eye and 20/70 in her left eye with the section for referral or special examinations marked "yes" and "refer to ophthalmology." There was no evidence of client #3 having a visit to an ophthalmologist after client #3's physician recommended it on 1/31/13.</p> <p>The group home nurse was interviewed on 2/6/14 at 1:30 PM. She indicated she would look for an updated vision examination, but did not think it had been completed.</p> <p>The Assistant Director of Support Living indicated on 2/7/13 at 1:37 PM there was not an examination of client #3's vision since 6/25/12.</p> <p>9-3-6(a)</p>			

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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-3 Facility Staffing (e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>This state rule is not met as evidenced by:</p>	W009999	The HumanResource Department will ensure that all staff transferring to a group homefrom another department receives a Mantoux test or chest x-ray prior tostarting work in a group home PersonResponsible: HR SupervisorCompletionDate: March 9, 2014	03/09/2014
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	<p>Based on interview and record review for 1 of 2 staff personnel records, (staff #1), the facility failed to ensure staff #6 received an annual Mantoux test/screening.</p> <p>Findings include:</p> <p>The facility's personnel records were reviewed on 2/4/14 at 10:50 AM. Review of staff personnel files indicated the most recent Mantoux test for staff #6 was dated 7/25/12. There was no evidence of chest x-rays being conducted or of a health care screening for evidence of symptoms of tuberculosis.</p> <p>The Human Resource Specialist II was interviewed on 2/4/14 at 10:55 AM. She indicated staff #6's Mantoux test was out of date and the facility was making arrangements to have her complete the test.</p> <p>9-3-3(e)</p>			