

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G752	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2023
NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 9104 STRATHMORE LN FORT WAYNE, IN 46818		
(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 post certification revisit (PCR) to the pre-determined full recertification and state licensure survey completed on 4/6/23.</p> <p>Dates of Survey: July 10, 11 and 12, 2023.</p> <p>Facility Number: 011871 Provider Number: 15G752 Aims Number: 200921870</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 7/20/23.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 2 additional clients (#4 and #5), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients #4 and #5 did not pay for haircuts.</p> <p>Findings include:</p> <p>Client Financials were reviewed on 7/11/23 at 10:33 am and indicated the following:</p> <ol style="list-style-type: none"> 1. Client #4's 5/31/23 Bank Statement (BS) indicated client #4 paid \$25.00 on 5/22/23 for a haircut. 2. Client #5's 6/30/23 BS indicated client #5 paid \$23.00 on 6/8/23 for a haircut. 	W 0104	<p>W104 Client #4 was reimbursed \$25 for the payment made on 5/22/23 for a haircut by the agency. Persons Responsible: Client Financial Supervisor Date Completed: 8/3/2023</p> <p>Client #5 was reimbursed \$23 for the payment made on 6/8/23 for a haircut by the agency. Persons Responsible: Client Financial Supervisor Date Completed: 8/3/2023</p> <p>All Strathmore staff, including Strathmore Group Home</p>	08/03/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Katlyn Rife

Director of Group Homes

08/03/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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W 0159 Bldg. 00	<p>An interview with the Client Financial Supervisor (CFS) was conducted on 7/11/23 at 12:48 pm. The CFS stated, "Individuals are not to be paying for haircuts using their debit cards. I will make sure they are reimbursed."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/11/23 at 12:34 pm. The QIDP stated, "Individuals are not to be paying for their own haircuts."</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 7/12/23 at 10:05 am. The DGH stated, "Individuals should not pay for their haircuts."</p> <p>This deficiency was cited on 4/6/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> <p>483.430(a) QIDP Each client's active treatment program must</p>		<p>Supervisor, will be retrained on the process for consumer haircuts. The process will entail: Staff will complete form, FA-003- Purchase Requisition, to request the funds using Strathmore Group Home billing code, once approved by the Director of Group Homes, the staff will pick up an agency card to use for the haircuts and write "Strathmore" on the receipt in order to exercise general policy, budget and operating direction over the facility to ensure all Strathmore consumers, especially Client #4 and Client #5 do not pay for haircuts.</p> <p>Persons Responsible: QIDP/Director of Group Homes Date Completed: 8/3/2023</p> <p>The Client Financial Supervisor will send the Director of Group Homes monthly financial statements to audit in order to ensure that no clients pay directly for haircuts for the next three months. Ongoing, the Client Financial Supervisor will audit group home clients financial statements quarterly to ensure that no clients pays directly for haircuts.</p> <p>Persons Responsible: Client Financial Supervisor and Director of Group homes Date Completed: 8/3/2023</p>	

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	<p>be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure monthly reviews of the clients' program plan objectives were completed for clients #1, #2 and #3.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Client #1's record was reviewed on 7/11/23 at 11:22 am. Client #1's record did not indicate monthlies had been completed for client #1 since April of 2023. 2. Client #2's record was reviewed on 7/11/23 at 12:01 pm. Client #2's record did not indicate monthlies had been completed for client #2 since March of 2023. 3. Client #3's record was reviewed on 7/11/23 at 10:18 am. Client #3's record did not indicate monthlies had been completed for client #3 since April of 2023. <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/11/23 at 12:34 pm. The QIDP stated, "Goals should be reviewed monthly and monthly reports should be turned in by the 15th of the following month."</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 7/12/23 at 10:05 am. The DGH stated, "The QIDP should be reviewing goals monthly and complete monthly reports."</p> <p>This deficiency was cited on 4/6/23. The facility</p>	W 0159	<p>W159</p> <p>All monthly reviews of the client's program plan objectives have since been completed for March 2023-Current. The QIDP will meet with Director of Group Homes on the first Monday of every month for three consecutive months to schedule an appropriate amount of time for monthly reviews to be completed. The QIDP will meet with Director of Group Homes on the 10th of every month for three consecutive months for a progress update on the monthly reviews for that month. If it is determined that the QIDP would not be able to complete the remaining monthly reviews by the deadline of the 15th of every month, the QIDP and Director of Group Homes will readjust the QIDP schedule to ensure there is enough allotted time to complete the monthly reviews. Ongoing, if the monthly reviews are not turned within 5 business days of the due date, the QIDP will meet with the Director of Group Homes to review the QIDP's schedule and workload, in order to ensure time is being set aside to complete monthly reviews of the clients' program plan objectives.</p> <p>Persons Responsible: QIDP and Director of Group Homes</p> <p>Date Completed: 8/3/2023</p>	08/03/2023

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W 0240 Bldg. 00	<p>failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to define and have specific interventions for each behavior listed in client #1's Behavior Support Plan (BSP).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/11/23 at 11:22 am. Client #1's 11/1/22 BSP indicated client #1 had a behavior of Emotional/Behavioral Outbursts. The behavior of Emotional/Behavioral Outbursts was defined as "Any episode that includes, but not limited to, two or more of the following behavioral examples: yelling, crying, physical aggression, property destruction, elopement, flopping on the floor, and /or verbal aggression. Ignoring is not an example of this target behavior ...".</p> <p>Each behavior listed within the defined behavior did not have specific interventions for staff to utilize.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/11/23 at 12:34 pm. The QIDP stated, "The BSP should be outlined with every behavior and strategies to assist with behaviors."</p> <p>An interview with the Director of Group Homes</p>	W 0240	<p>W240</p> <p>Client #1's Behavior Support Plan has been updated to define and have specific interventions for each behavior listed. Each behavior listed within the defined behavior has specific interventions for the staff to utilize. The Behavior Support Plan will be included in the additional documentation.</p> <p>Person Responsible: Behavior Consultant</p> <p>Date Completed: 8/3/2023</p> <p>All Group Home staff that work with Client #1 will be trained on his updated Behavior Support Plan.</p> <p>Persons Responsible: QIDP, Director of Group Homes</p> <p>Date Completed: 8/3/2023</p>	08/03/2023

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W 0312 Bldg. 00	<p>(DGH) was conducted on 7/12/23 at 10:05 am. The DGH stated, "The BSP should have interventions listed for every behavior in the BSP."</p> <p>This deficiency was cited on 4/6/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE 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 3 sampled clients (#2), the facility failed to ensure client #2's medication reduction plan objectives were attainable.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 7/11/23 at 12:01 pm. Client #2's 2/3/22 Behavior Support Plan (BSP) indicated he had behaviors of verbal aggression, physical aggression, resistive behaviors, and inappropriate social behaviors. Client #2's 2/3/22 BSP indicated client #2 took Paxil (used to treat depression) 10 milligrams (mg).</p> <p>Client #2's Psychotropic Medication Reduction Plan indicated: "[Name of doctor] has indicated that Paxil would be considered for reduction provided [client #2] demonstrated reduce (sic) inappropriate social behaviors from 4 per year to 0 per year, reduce resistive behaviors from 2 per year to 0 per year, reduce physical aggression from 2 per year to 0 per year, reduce verbal aggression from 4 per year to 0 per year for 12</p>		W 0312	<p>W312</p> <p>Client #2's Behavior Support Plan has been updated to ensure Client #2's medication reduction plan objectives are attainable. The medication reduction plan reads "[Nurse Practitioner] has indicated that Paxil would be considered for reduction provided [Client #2] demonstrates reduce neglecting health and safety behaviors from 4 per year to 0 per year, this criterion will continue until Paxil has been successfully discontinued. Should Paxil be successfully discontinued, or decreased to the most optimal dose for [Client #2], criteria for reducing additional medications would not need to be considered because [Client #2] does not take any other psychotropic medications.", therefore, making it</p>	08/03/2023

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	<p>consecutive months. This criterion will continue until Paxil be successfully discontinued. Should Paxil be successfully discontinued, or decreased to the most optimal dose for [client #2], criteria for reducing additional medications would not need to be considered because [client #2] does not take any other psychotropic medications ...".</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/11/23 at 12:34 pm. The QIDP stated, "The medication reduction plan in the Behavior Support Plan should be attainable for the individual."</p> <p>An interview with the Director of Group Homes (DGH) was conducted on 7/12/23 at 10:05 am. The DGH stated, "Medication reduction plans need to be attainable."</p> <p>This deficiency was cited on 4/6/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-5(a)</p>			<p>attainable by identifying one goal to be successful in, instead of all of the goals. Moving forward, Behavior Support Plans will be reviewed by the Director of Group Homes to ensure that all other plans have medication reduction plan objectives that are attainable.</p> <p>Person Responsible: QIDP/Director of Group Homes Date Completed: 8/3/2023</p> <p>Client #2's Behavior Support Plan is pending the Human Rights Committee Meeting 8/3/23. Once approved, all group home staff will be trained on the updated Behavior Support Plan.</p> <p>Person Responsible: QIDP Date Completed: 8/3/2023</p>