

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

PRINTED: 03/31/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G074		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2025	
NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST				STREET ADDRESS, CITY, STATE, ZIP COD 2827 TILLMAN ROAD FORT WAYNE, IN 46816			
(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 pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 1/27, 1/28, 1/29, 1/30, 1/31 and 2/3/2025.</p> <p>Facility Number: 000618 Provider Number: 15G074 AIMS Number: 100233730</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/24/25.</p>			W 0000			
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 4 additional clients (#4, #5, #6, and Former Client #8/FC #8), the facility's governing body failed (1) to exercise operating direction over the facility to ensure the home was in good repair affecting all clients; (2) to ensure the policy and procedure for client outings didn't violate client rights of clients #1, #2, #3, #4 and #6; and (3) to prevent clients #1, #4, #6 and FC #8 from paying for their medical expenses.</p> <p>Findings include:</p> <p>1. An observation at the group home was completed on 1/27/25 from 4:45 PM to 7:45 PM. At 4:45 PM in the medication room, a piece of material which lay across the window was held up</p>			W 0104	<p>QIDP will complete observations of the home once a week for two consecutive months, and then twice a month ongoing, ensuring the home is in good repair; escalating to the Maintenance/Facilities Management to ensure that repairs are scheduled and completed as needed. Person responsible: House Supervisor/QIDP</p> <p>Completion Date: 03/08/2025</p> <p>Fiscal will complete a quarterly</p>		03/08/2025

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

TITLE

(X6) DATE

Patience Ncube

Director of Group Homes

03/20/2025

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 disclosable 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>with binder clips attached to the molding. At 5:30 PM, the front living room had material pieces hung as curtains being held up by a binder clip on the left side of the window and a water bottle turned on its side held the right side of the material. The vertical blinds were missing multiple slats and the material laid up there covered the missing slats. At 5:45 PM the back living room had a piece of material serving as a curtain and was observed to be up on the left side of the window with binder clips. In the back living room, the left side window closest to the exit door was missing multiple vertical slats, and the material was placed up there as a curtain to offer privacy for the clients according to DSP #2 (Direct Support Professional).</p> <p>On 1/27/25 at 7:40 PM, an interview with the House Manager (HM) was completed. The HM stated, "A work order should have been placed to repair the slats in the blinds. The material pieces are providing privacy needed for the clients until the needed repairs are completed." No work order was provided for review.</p> <p>On 1/31/25 at 12:45 PM an interview with the Vice President of Residential Services (VPRS) was completed. The VPRS stated, "The blinds should have been repaired."</p> <p>2. An observation was completed at the group home on 1/27/25 from 4:45 PM to 7:45 PM. At 4:54 PM client #4 was asking the HM, "When can I go see [famous singer concert]? I like her. I like her music. I want to go see her again." The HM stated, "I don't know buddy, it won't be any time soon, but you have your blanket to remember the last concert you went to." At 6:06 PM the HM told the clients he had just received an email that the group home had [hockey] tickets for this</p>				<p>audit of all Tillman clients' finances for a year to ensure all Tillman clients are not paying for any of their medical expenses, and that monthly spending is applied to all Tillman clients' accounts accurately.</p> <p>Person responsible: Senior Staff Accountant</p> <p>Date completed: 03/08/2025</p>		

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	<p>Sunday. Clients #1, #2, #4 and #6 were observed to be loud and squealing with delight. Client #3 was smiling and clapping her hands. Client #6 got the phone, dialed and could be heard excitedly screaming into the phone, "Mom we are going to finally go and see the [hockey team] this Sunday!" At 6:32 PM client #2 asked to speak to the surveyor. Client #2 stated, "the [hockey team] is great but I liked when we could go to the [amusement/water park] and the [professional football team] stadium to watch them play." When asked why client #2 was unable to go on these outings, client #2 stated, "the [HM] said the [agency] said they were too far. We can only do close things." At 7:26 PM DSP #1 stated, "We used to take the clients to [concert halls], [professional football] stadiums, [State] museums but have been told that [City, State] is too far. There is a limit on how far we can take clients round trip." DSP #2 stated, "The clients who really enjoyed going were [clients #1, #2, #3, #4 and #6]." The HM stated, "We have been told 30 miles one way. If it is greater than 60 miles round trip, don't even bother putting in the request as it will be denied. It was a lot of fun when we could go, the clients really enjoyed going."</p> <p>On 1/31/25 from 8:45 AM to 9:45 AM an observation was completed at the facility owned day service. At 8:55 AM, client #4 was watching a [professional wrestling] match. Client #4 stated, "I wish we could go see a real match. It would be so much fun." When asked why client #4 couldn't go, client #4 stated, "The [HM] said it was too far, and we couldn't do it." Client #1 was standing next to client #4 and was clapping his hands and making high-pitched noises and was asked, "[Client #1] would you want to go to the wrestling match if you could?" Client #1 was shaking his head up and down, clapping his hands, jumping</p>						

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	<p>up and down and making high-pitched noises.</p> <p>A record review was completed on 1/31/25 at 9:00 AM.</p> <p>The Agency's Out-Of-Town Travel Reimbursement policy dated 4/14/22 was reviewed and indicated, "EasterSeals will assist and promote frequent and informal leaves from the facility for visits, trips or vacations for participants ...Any travel outside of a sixty (60) mile radius will not be approved unless for medical reasons in accordance with Indiana Medicaid regulations." The policy affected clients #1, #2, #3, #4, #5, and #6.</p> <p>On 1/31/25 at 12:45 PM, the Vice President of Residential Services (VPRS) was interviewed. The VPRS stated, "Since the last time this was discussed, our legal team is still working with BDS (Bureau of Disability Services) regarding the policy we have in place. Residents are welcomed to go anywhere they want if they have the funds and can get a third party vendor to escort them. Our staff is limited to the 30 miles one way or 60 miles round trip."</p> <p>3. On 1/29/25 at 11:00 AM finances were reviewed for clients #1, #4, #6 and FC #8 and indicated the following:</p> <p>a. The review indicated the following charge client #1 paid for eye expenses: 9/6/24 \$41.60, [Optical name] for glasses repair.</p> <p>b. The review indicated the following charge client #4 paid for dental care expenses: 3/21/24 \$30.00, [Dental] for fluoride treatment.</p> <p>c. The review indicated the following charge</p>						

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W 0125 Bldg. 00	<p>client #6 paid for dental care expenses: 3/28/24 \$295.20, [Dental], Exam/fluoride treatment.</p> <p>d. The review indicated the following charges FC #8 paid for dental care expenses: 1/17/24, \$97.42, [Dental], Dental evaluation/fluoride 1/31/24 \$370.49, [Dental], Resin Tooth 2/28/24 \$170.52, [Dental], "Amalog (sic)."</p> <p>On 1/31/25 at 1:45 PM an interview with a client finance team member (CFTM) was completed. The CFTM stated, "I can look for receipts. I didn't know the clients didn't pay for their medical expenses."</p> <p>On 1/31/25 at 12:45 PM an interview with the Vice President of Residential Services (VPRS) was completed. The VPRS stated, "Receipts should have been provided, and the agency should have paid the medical/dental expenses for the care the clients received."</p> <p>9-3-1(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 2 additional clients (#4 and #6), the facility failed to promote client rights by not allowing vacations and outings for clients #1, #2, #3, #4 and #6.</p> <p>Findings include:</p> <p>An observation was completed at the group home on 1/27/25 from 4:45 PM to 7:45 PM. At 4:54 PM client #4 was asking the House Manager (HM),</p>			W 0125	<p>The Agency will review the client vacation policy to determine that it follows client rights. If determined the policy does not read in a way that upholds clients rights, The Agency will change the policy to ensure it does not infringe on clients' rights.</p> <p>Person Responsible: Director and Vice President</p>		03/08/2025

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	<p>"When can I go see [famous singer concert]? I like her. I like her music. I want to go see her again." The HM stated, "I don't know buddy, it won't be any time soon, but you have your blanket to remember the last concert you went to." At 6:06 PM the HM told the clients he had just received an email that the group home had [hockey] tickets for this Sunday. Clients #1, #2, #4 and #6 were observed to be loud and squealing with delight. Client #3 was smiling and clapping her hands. Client #6 got the phone, dialed and could be heard excitedly screaming into the phone, "Mom we are going to finally go and see the [hockey team] this Sunday!" At 6:32 PM client #2 asked to speak to the surveyor. Client #2 stated, "the [hockey team] is great but I liked when we could go to the [amusement/water park] and the [professional football team] stadium to watch them play." When asked why client #2 was unable to go on these outings, client #2 stated, "the [HM] said the [agency] said they were too far. We can only do close things." At 7:26 PM DSP #1 stated, "We used to take the clients to [concert halls], [professional football] stadiums, [State] museums but have been told that [City, State] is too far. There is a limit on how far we can take clients round trip." DSP #2 stated, "The clients who really enjoyed going were [clients #1, #2, #3, #4 and #6]." The HM stated, "We have been told 30 miles one way. If it is greater than 60 miles round trip, don't even bother putting in the request as it will be denied. It was a lot of fun when we could go, the clients really enjoyed going."</p> <p>On 1/31/25 from 8:45 AM to 9:45 AM an observation was completed at the facility owned day services. At 8:55 AM, client #4 was watching a [professional wrestling] match. Client #4 stated, "I wish we could go see a real match. It would be</p>				<p>Date of Completion: 3/8/2025</p> <p>If the policy is updated, all staff and clients will receive training to ensure they are aware of the vacation policy.</p> <p>Person Responsible: QIDP and Director</p> <p>Date of Completion: 3/8/2025</p>		

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W 0130	<p>so much fun." When asked why client #4 couldn't go, client #4 stated, "The [HM] said it was too far, and we couldn't do it." Client #1 was standing next to client #4 and was clapping his hands and making high-pitched noises and was asked, "[Client #1] would you want to go to the wrestling match if you could?" Client #1 was shaking his head up and down, clapping his hands, jumping up and down and making excited-sounding high-pitched noises.</p> <p>A record review was completed on 1/31/25 at 9:00 AM.</p> <p>The Agency's Out-Of-Town Travel Reimbursement policy dated 4/14/22 was reviewed and indicated, "EasterSeals will assist and promote frequent and informal leaves from the facility for visits, trips or vacations for participants ...Any travel outside of a sixty (60) mile radius will not be approved unless for medical reasons in accordance with Indiana Medicaid regulations." The policy affected clients #1, #2, #3, #4, #5, and #6.</p> <p>On 1/31/25 at 12:45 PM, the Vice President of Residential Services (VPRS) was interviewed. The VPRS stated, "Since the last time this was discussed, our legal team is still working with BDS (Bureau of Disability Services) regarding the policy we have in place. Residents are welcomed to go anywhere they want if they have the funds and can get a third party vendor to escort them. Our staff is limited to the 30 miles one way or 60 miles round trip."</p> <p>9-3-2(a)</p> <p>483.420(a)(7)</p> <p>PROTECTION OF CLIENTS RIGHTS</p>						

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Bldg. 00	<p>Based on observation and interview for 2 additional clients (#5 and #7), the facility failed to ensure clients #5 and #7's privacy was maintained during their personal hygiene activities at the group home.</p> <p>Findings include:</p> <p>On 1/28/25 from 5:00 AM to 7:50 AM, an observation at the group home was completed. At 6:04 AM, client #4 went into the bathroom across from client #7's room to do his morning care. Client #7 left the bathroom door open. Direct Support Professional (DSP) #3 was standing with client #7 giving him verbal cues to get dressed for the day. At 6:08 AM, DSP #3 had client #7 remove his pajamas. Client #7 was standing in the doorway in his blue underwear. Client #7 was instructed to put a shirt on. Client #7 put on his long-sleeved green shirt and was still in his blue underwear with the bedroom door wide open. At 6:11 AM, client #5 came into the hallway and stared at client #7 until DSP #3 cued him to go into the bathroom. Client #5 went into the bathroom as client #4 was exiting. Client #5 sat on the commode with his underwear and pants at his ankles without closing the bathroom door. Client #5 was making high-pitched noises from the bathroom and DSP #3 called to him and said, "I will be in to help you in a minute, I am finishing with [client #7] and I have to watch the medication room to make sure no one enters. I will be in as quickly as I can." DSP #3 verbally cued client #7, still standing in the open doorway in his green long-sleeved shirt and blue underwear, to put on his pants, socks and shoes while he made client #7's bed. At 6:14 AM, DSP #3 went into the bathroom across from client #7's room to assist client #5 with brushing his teeth and getting</p>			W 0130	<p>The group home staff will be retrained providing privacy during toileting and hygiene. Person Responsible: QIDP</p> <p>Completion Date: 03/08/2025</p> <p>The QIDP will complete an observation of Tillman Group Home twice a week for one month and then once a month ongoing to ensure that privacy is provided toileting and hygiene. The observations will be documented, and any issues noted will be corrected.</p> <p>Person Responsible: QIDP</p> <p>Completion Date: 03/08/2025</p>		03/08/2025

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W 0140 Bldg. 00	<p>dressed. All care and dressing were done without shutting the bathroom door.</p> <p>On 1/31/25 at 12:45 PM the Vice President of Residential Services was interviewed. The VPRS stated, "Client privacy should always be maintained."</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #2) plus 2 additional clients (#4 and #6), the facility failed to ensure a system was being utilized to maintain a complete and accurate accounting of clients #1, #2, #4 and #6's funds managed by the facility.</p> <p>Findings include:</p> <p>On 1/29/25 at 11:00 AM, the facility's finances were reviewed for clients #1, #2, #4, and #6 and indicated the following:</p> <p>a. The review included the following charge client #1 paid for miscellaneous expenses: 8/31/24 \$713.14, no receipt provided.</p> <p>b. The review included the following charges client #2 paid for miscellaneous expenses: 1/31/24 \$90.65, no receipt provided 3/31/24 \$138.37, no receipt provided.</p> <p>c. The review included the following charge client #4 paid for miscellaneous expenses: 1/31/24 \$165.75, no receipt provided.</p> <p>d. The review included the following charges</p>	W 0140	<p>Fiscal will complete a quarterly audit of all Tillman clients' personal funds for a year to ensure all monthly spending is applied to all Tillman clients' accounts accurately.</p> <p>Person responsible: Senior Staff Accountant</p> <p>Date completed: 03/08/2025</p>	03/08/2025	

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W 0149 Bldg. 00	<p>client #6 paid for miscellaneous expenses: 3/13/24 \$137.81, no receipt provided 3/31/24 \$39.98, no receipt provided 4/30/24 \$89.99, no receipt provided 9/30/24 \$53.00, no receipt provided 10/31/24 \$31.97, no receipt provided 11/30/24 \$4.20, no receipt provided.</p> <p>On 1/31/25 at 12:45 PM, the Vice President of Residential Services (VPRS) indicated clients' funds should be accounted for to the penny by the agency entrusted with those funds. The VPRS stated, "Clients should be reimbursed for the miscellaneous expenses where no receipt was provided."</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 4 additional clients (#4, #5, #6 and #7), the facility failed to implement its written abuse, neglect and exploitation (ANE) policy and procedure (1) to prevent the substantiated neglect of client #2 when she was left unsupervised in the group home; (2) to prevent the substantiated neglect of all clients in the home when left unsupervised by a DSP (Direct Support Professional) who was outdoors smoking; and (3) to complete an investigation for client #7 when he had an injury of unknown origin.</p> <p>Findings include:</p> <p>On 1/27/25 at 2:15 PM the facility's Bureau of Disability Services (BDS) reports were reviewed.</p>			W 0149	<p>All Tillman staff will be retrained on the Agency's Abuse, Neglect, and Exploitation Policy, especially regarding ensuring clients are not left without supervision. Person Responsible: Supervisor and QDP</p> <p>Completion Date: 3/8/2025</p> <p>The house supervisor will complete observations twice a week for two months then weekly ongoing and QIDP will complete observations once a week for two months then twice a month ongoing, both ensuring all staff are</p>		03/08/2025

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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST				STREET ADDRESS, CITY, STATE, ZIP COD 2827 TILLMAN ROAD FORT WAYNE, IN 46816			
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	<p>1) A 12/4/24 BDS report from 2:45 PM indicated "On 12/5/24 at 2:45 PM, [client #2] called the Easterseals Call Center stating that she was home alone and then hung up the phone. The call center tried to call her back and no one answered. The call center called staff on duty and left a message. The call center tried to call her back and no one answered. The call center called staff on duty and left a message. Staff on duty, [DSP #1], called back within a few minutes and stated that she had left to pick up other participants from day program and that she had checked the house before leaving and no one was there. She immediately turned around and went back and picked her up. Plan to Resolve (Immediate and Long Term). [Client #2] was offered emotional support. [DSP #1] has been suspended pending an investigation."</p> <p>A 12/4/24 ABC (Antecedent Behavior Consequence) Card Report from 12:24 PM indicated "Reporting Location Easterseals ARC Person Completing this Form? [DSP #4] Participant Name [client #2] Date/Time Dec 04, 2024, 10:00 AM Duration minutes 10 Location of Behavior: Home Specific Location of Behavior? bedroom The behavior being reported is: A negative behavior event Is there a behavior plan? Yes Was this plan written by a BC or a QDP (Qualified Disability Professional - QIDP/Qualified Intellectual Disability Professional)? BC (Behavioral Consultant) Name of the BC [Behavioral Consultant] Name of Staff Working with the client at the time of the behavior: [DSP #4] Antecedent(s) [what happened right before this</p>				<p>following the Agency's Abuse, Neglect, and Exploitation Policy by ensuring clients are not left without supervision.</p> <p>Person Responsible: QDP/Director of Group Homes</p> <p>Completion Date: 3/8/2025</p>		

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	<p>behavior event?] Other Behavior(s) Other: ignoring Consequence(s) [can include natural consequences] Redirected Result(s) Negative behavior continued regardless of staff intervention Describe what occurred during the 30 minutes prior to the behavior [client #2] in her bedroom Describe the behavior: [DSP #4] called out to [client #2] 4 times and she didn't respond, when [DSP #4] went to her room staff asked [client #2] did she hear [DSP #4] calling out to her and [client #2] said yea. [DSP #4] called out to [client #2] several times about two hours later and she still ignored [DSP #4]."</p> <p>A 12/6/24 Investigation Summary Report indicated "Description of Allegation: [Client #2] called the Easterseals Call Center stating that she was home alone and then hung up the phone."</p> <p>A 12/12/24 Disciplinary Action Form indicated "The ANE Committee met on 12/6/24 to review the allegation of neglect regarding a participant supported by [DSP #4]. It was alleged that [DSP #4] left the participant alone on 12/5/2024 for around 40 minutes. The investigation information provided by Quality Assurance (QA) was reviewed. The allegation of neglect was determined to be substantiated based on [DSP #4] admitting that she did leave participant home alone. [DSP #4] is receiving this verbal warning for neglect. Easter Seal Arc Policy/ work rule(s) that was violated: Work Rule 10. Any abuse, neglect, mistreatment, exploitation or violation of the rights of a participant."</p> <p>A 12/13/24 Corrective Action Plan included the following recommendations: "[DSP #4] will receive a verbal warning and retraining on</p>						

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	<p>ensuring if she is leaving the home to make sure to check all areas, not just knock on doors. [DSP #4] will receive retraining on client rights (clients do have a right to privacy but need to ensure that staff see if client is there or not)."</p> <p>An (undated) INDIVIDUAL CLIENT RIGHTS -INDIVIDUAL RIGHTS policy was reviewed on 1/27/25 at 2:30 PM and indicated "Individuals have the right to: Be treated with consideration, dignity and respect, free from mental, verbal, and physical abuse, neglect, maltreatment and exploitation"</p> <p>An interview with client #2 was completed at the group home on 1/27/25 at 6:23 PM. Client #2 stated, "I was sleeping and thought I was dreaming when the staff was calling my name. I didn't realize it was really happening. When I waked (sic) up, the van was just leaving the driveway. I yelled at (DSP #4) but she didn't hear me. I ran out of the house, but she didn't see me. I called the [HM/house manager] and didn't get him. I called the call center and told them I got left behind. I called the [HM] back 3 more times and he answered and gave me the code to get back into the house. I was alone for longer than 10 minutes, I don't know the exact time, I just know I was cold and was trying to get somebody to come get me since I was outside with my coat, but I was still cold."</p> <p>Client #2's ABAS (Adaptive Behavior Assessment System) indicated "...no alone time"</p> <p>On 1/27/25 at 7:40 PM an interview with the House Manager (HM) was completed. The HM indicated client #2 had been ignoring staff in the days leading up to her being left at home. When the</p>						

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	<p>situation happened, he supplied the code for client #2 to get back into the house until DSP #4 could come and pick her up. The HM stated, "[Client #2] has no alone time and shouldn't have been left in the house unsupervised."</p> <p>On 1/31/25 at 12:45 PM an interview with the Vice President of Residential Services (VPRS) was completed. The VPRS stated, "The staff should have checked the house before leaving to ensure all clients were accounted for."</p> <p>2) A 3/16/24 BDS report from 11:00 PM indicated "On 3/16/24 around 11p, [client #7] became agitated and began running around the house and screaming in the halls. He went into the bedrooms of several roommates. The last bedroom he went into, he got in the bed with the roommate and began hitting him. [Client #7] hit the roommate 3-4 times before staff was able to intervene. In order to get [client #7] to move away and stop hitting roommate, staff had to hold his arms next to [client #7's] arms from behind him to block [client #7] from raising his arms to continue hitting his roommate. Staff then continued to use this same stance to guide [client #7] out of his roommate's room and back to his room where [client #7] calmed down and slept for the rest of the night. Staff at the house In (sic) the morning of 3/17 looked [client #7] and peer over for any possible injuries and none were noted. Plan to Resolve (Immediate and Long Term). Staff has been suspended pending an investigation due to the method used for intervening is not an approved method within [client #7's] BSP (Behavioral Support Plan) and is not an approved CPI (Crisis Prevention & Intervention) method as well. ESARC will continue to provide for [client #7's] health, safety, and wellbeing. ActionTaken by Provider: Staff suspension."</p>						

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	<p>A 3/20/24 Investigation Summary Report indicated "Description of Allegation: On 3/16/24 around 11 p, [client #7] became agitated and began running around the house and screaming in the halls. He went into the bedrooms of several roommates. The last bedroom he went into, he got in the bed with the roommate and began hitting him. [Client #7] hit the roommate 3-4 times before staff was able to intervene. In order to get [client #7] to move away and slop (sic) hitting roommate, staff had to hold his arms next to [client #7's] arms from behind him to block [client #7] from raising his arms to continue hitting his roommate. Staff then continued to use this same stance to guide [client #7] out of his roommate's room and back to his room where [client #7] calmed down and slept for the rest of the night. Staff at the house in the morning of 3/17 looked [client #7] and peer over for any possible injuries and none were noted. Discrepancies Noted, Resolution, Outcome: [Client #7] missed his [depression medication] on Saturday and it was speculated that this might be the reason he was stressed but upon further investigation, he had only missed the medication once and has been having bad days more than usual, off and on for the past couple of months. Violations of any rights of person served, agency policy, federal/state regulations: [Client #7] was restrained and directed back to his room by staffs (sic) own admission."</p> <p>A 3/21/24 ANE Committee Report indicated "The ANE Committee met on 3/21/2024 to review an allegation of abuse regarding [client #7] by [DSP #5]. [DSP #5] allegedly restrained [client #7] during an incident of physical aggression. The investigation information provided by was reviewed. The allegation of abuse was determined to be substantiated based on staff's statement</p>						

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	<p>that he did hold [client #7's] arms.</p> <p>Recommendation/Side Issues: BSP does not include reactive strategies for incidents of physical aggression. What is included appears to address verbal but not physical. Depart (sic) to ensure all hous (sic) QA (sic) staff are current on training on [client #7's] CST (Client Specific Training) and BSP. The BSP in the [electronic medical record] is from January 2023. Department to address smoking while on shift with [DSP #5]. Department to ensure the missed[depression medication] has been addressed per the medication error process. Department/BC to review recent ABC cards for any trends, as [client #7] seems to be having more than four instances of physical aggression per month."</p> <p>A 3/22/24 CAP (Corrective Action Plan) indicated "[DSP #5] (sic) to be terminated due to being outside smoking during the time of the incident, leaving the individuals unattended. BSP does not include reactive strategies for incidents of physical aggression. What is included appears to address verbal but not physical. Department to ensure all house staff are current on training in [client #7's] CST and BSP. The BSP in the [electronic medical record] is from January 2023. Department to ensure the missed [depression medication] has been addressed per the medication error process. Department/BC to review recent ABC cards for any trends [client #7] seems to be having more than four instances of physical aggression per month."</p> <p>Client #7's record review was completed on 1/30/25 at 10:00 AM.</p> <p>Client #7's 1/1/24 BSP indicated "Targeted Behavior (meaning); Baseline. Verbal and Physical Aggression (Yelling and pointing finger, aggression hitting, kicking,</p>						

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	<p>poking and pushing, screaming and yelling at others. Kicking walls, doors, and tables, hitting objects, and throwing fragile items often as he is screaming and yelling. This behavior takes place when he returns to the group home from the day program, a public outing, BC outing, or home visit); 17 x/month.</p> <p>Neglecting Personal Development (Does not follow directives or requests. Becomes argumentative when asked to perform a task or activity that he does not want to complete); 14 x/month.</p> <p>Neglecting Social Boundaries (Does not comply with boundaries: with social norms. [Client #7] has struggled keep hands to himself. He will touch others, lay his head on the arm, chest, and lap of others which sometimes causes them to become upset ...); 10 x/month.</p> <p>Triggers: (antecedents)</p> <ul style="list-style-type: none"> o Not getting his way o Having to wait for someone or something. o Wanting to talk with his mother. o Multiple requests or multiple staff making the same request. <p>Sometimes there are no visible triggers for the behavior.</p> <p>Common Cues: (warning signs - that behavior is about to begin)</p> <ul style="list-style-type: none"> o Biting his hand o Facial expression (Eyes widen) o High pitched voice o [Client #7] may slap his upper thigh. o Jumping up and down. <p>Proactive/Prevention Strategies:</p> <ul style="list-style-type: none"> o Non-Verbal Communication- Understand that [client #7] is perceptive in his understanding of our (sic) emotions. The tone of your voice, the 						

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	<p>words you choose and the way you speak, all are communicating something. DO NOT send negative non-verbal messages, as this will only increase frustration and the likelihood of negative behaviors. [Client #7] should be called with a calm, respectful and supportive tone. Avoid sharp, authoritarian or demanding exchanges.</p> <p>o Control- Like each of us, [client #7] too wants to be in control of his own life. Whenever you are trying to support him ASK her (sic) DON'T tell him. Rather than telling him what he needs to do, ask him when he plans on completing the task. Offer options and let him choose how to be involved.</p> <p>o Individual Training/Support- [Client #7] will participate in weekly training/support sessions with his Behavioral Consultant. These sessions will focus primarily on the acquisition of coping skills, problem solving and identification and appropriate expression of feelings. It is hoped that if [client #7] is able to practice these skills enough during sessions, that he will more easily respond to redirection or cues from staff to utilize these techniques when upset or frustrated ...</p> <p>Reactive Strategies (To Do When Behavior Occurs): ... Please note that interventions are ALWAYS written in the order to be implemented. The least restrictive interventions should always be attempted first. More aversive steps in the intervention process should only be implemented if the severity of the behavior escalates and it is necessary to implement the more restrictive measures as written in the plan.</p> <p>Verbal & Physical Aggression:</p> <p>1. UNERSTANDING (sic) is the 1st point of reference. Sometimes it is easy to identify triggers but on some occasions it is NOT. If possible, try to maintain a consistent schedule to reduce</p>						

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	<p>triggers.</p> <p>2. MODEL a calm, neutral demeanor, and calm voice. Ask [client #7] to calm down.</p> <p>3. BACK OFF from requests or demands and give him time to calm.</p> <p>4. USE misdirection (sic) to help persuade [client #7] to focus attention on something else.</p> <p>5. SAFTY (sic) for all including the individual and those around. So, creating a safe environment is paramount. If [client #7] is displaying a high level of anxiety or angst it would be most conducive to evacuate or prompt other housemates from the area of direct threat and limiting their involvement. Staff should give [client #7] space to vent without causing hurt or harm to himself or others.</p> <p>a. REDIRECTION: Look for activities for [client #7] to do to replace a negative episode. These can include board games, watch a video, listen to relaxing music, Gospel music sitting outside, and arts and crafts activity.</p> <p>6. It is likely he will go to his bedroom and close the door. Give him time alone to calm down.</p> <p>7. After 10 to 15 minutes, gently approach [client #7] and ask if he would like to talk. If he is in her bedroom, ask if you may come in and respect his choice. If he is willing to talk, allow him time to express his feelings or concerns. Offer support through active listening, reassurance and problem solving.</p> <p>8. PRAISE [client #7] for choosing to talk with you and working through her (sic) feelings.</p> <p>9. DOCUMENT behavior on documentation sheets.</p> <p>Neglecting Personal Development:</p> <p>1. Keep a routine schedule as much as possible.</p> <p>2. Give 5-minute warning when a request is coming for a change of activity.</p> <p>3. [Client #7] does not do well when told that he will have to wait for a preferred activity or item.</p>						

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	<p>Try to reduce this issue by preplanning so [client #7] will not have to wait too long. Only one staff member is making requests of [client #7]. Multiple staff interacting and making request (sic) will frustrate and agitate [client #7].</p> <p>5. Be clear, brief and firm when making requests.</p> <p>6. Calm music or television playing can also help him to redirect and calm.</p> <p>7. Compliment [client #7] when he willingly complies with requests.</p> <p>8. If [client #7] does not respond to a request in 5 minutes, repeat the prompt and begin the assigned activity or task. Provide praise when completed.</p> <p>9. Document behavior on ABC card or document sheet.</p> <p>Social Boundaries:</p> <p>1. Use verbal cues to help [client #7] to stop engaging in inappropriate touching.</p> <p>2. Role-play and model appropriate social skills.</p> <p>3. Remove others from the environment.</p> <p>4. Remove [client #7] from overstimulation or 1mfamiliar (sic) settings.</p> <p>5. Remind [client #7] of what is acceptable and what behavior is not acceptable behavior.</p> <p>Client #7's 1/1/24 Functional Behavior Assessment indicated "Identified Targeted Behaviors</p> <p>1. Behavior: Verbal and Physical Aggression-[Client #7] has a history of yelling and pointing a finger at others. This has also included hitting, kicking, and pushing others.</p> <p>a. Frequency/Time: Behavior occurs once weekly. The behavior is usually time limited to less than 5 minutes.</p> <p>b. Common Antecedents: These occur more often when there are staff changes.</p> <p>i. Triggers: [Client #7] may be triggered by being</p>						

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	<p>directed to do something he does not want to do at the time. These include simple directions such as time to leave or time, or time to eat. This could happen when it is a non-preferred activity.</p> <p>ii. Cues: Upset angry face, grunts/ sighs, raises his voice and begins biting his hand.</p> <p>c. Response</p> <p>i. Makes Behavior Worse: Using threatening, authoritative language.</p> <p>ii. Makes Behavior Better: It is often best to remove others from the immediate space around [client #7] to limit injury to others. [Client #7] is able to be verbally redirected, and the behavior is over when [client #7] becomes calm.</p> <p>d. Function of Behavior: Primary function of the behavior is to get his way or gain attention on self.</p> <p>e. Prevention: Be clear and concise. If at all possible limit variations when applicable. Help [client #7] to be accustomed to all caregiver staff.</p> <p>f. Impact on Life: The behavior interferes with [client #7's] daily life in that it is very disruptive of daily events and can decrease his ability to develop meaningful relationships with others.</p> <p>2. Behavior: Agitation- [Client #7] has a history of pacing or searching for items that are not available (lack of hobby supplies, lack of favorite snacks, etc). Body language shows signs of restlessness (sic). He will pace the main living area several times within a five-minute period. T11 is (sic) can cause a major disruption to the environment.</p> <p>3. Frequency/Time: Behavior occurs three times weekly. The behavior is usually time limited to less than 30 minutes.</p> <p>a. Common Antecedents: Being told he cannot have something at the time he wants it. Another example may be when he doesn't want to do something that is requested of him to do.</p> <p>Triggers: Being jealous of housemates (sic) special</p>						

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	<p>plans, activities or possessions Cues: Restlessness, pacing, worrying out loud b. Response i. Makes Behavior Worse: If ignored, the behavior may escalate to physical aggression. ii. Makes Behavior Better: Redirection is important at the time of agitation. Giving [client #7] reassurance that no one is talking about or changing subjects will help to redirect John (sic). c. Function of Behavior: Results indicate the primary function of the behavior was to gain access to a tangible item or specific activity. d. Prevention: given choices and control, redirection to another activity e. Impact on Life: The behavior interferes with [client #7's] life in that it is very disruptive to his social life and ability to make and keep healthy relationships with others as well as keep a job."</p> <p>On 1/27/25 at 7:40 PM, the House Manager (HM) was interviewed. The HM stated, "The staff was outside smoking and left the clients unsupervised. He was not present when the behavior started and when he walked back in, it was beyond de-escalation and shouldn't have happened."</p> <p>On 1/31/25 at 12:45 PM the Vice President of Residential Services (VPRS) was interviewed. The VPRS stated, "The staff didn't follow policy and was not present to help de-escalate [client #7] at the onset of the behavior. He also left clients unsupervised by violating the smoking policy. This neglect by [DSP #5] shouldn't have happened."</p> <p>3) A 7/4/24 BDS report indicated "On 07/4/2024, [client #1's] mother came to pick him up for therapeutic leave and noted that [client #1's] bottom tooth had broken. Staff immediately provided emotional support and contacted the</p>						

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	<p>Director to contact the dentist. It is unknown how [client #1's] tooth broke. Staff ensured [client #1] was not in any pain. Plan to Resolve (Immediate and Long Term). Easterseals Arc will schedule a dental appointment for [client #1] as soon as possible. Easterseals Arc will continue to provide for [client #1's] safety, health and well-being." No documentation of an investigation was provided for review.</p> <p>On 1/31/25 at 12:45 PM the Vice President of Residential Services (VPRS) was interviewed. The VPRS stated, "An investigation should have been completed for an injury of unknown origin."</p> <p>EasterSeals Report and Investigating Allegations of ANE (Abuse, Neglect and Exploitation) and Other Incidents policy dated 10/19/24 was reviewed on 1/31/25 at 1:00 PM and indicated "to ensure participants are protected from abuse, neglect, or exploitation. To ensure all investigations are conducted thoroughly and timely. To promote the health and safety of persons served and ensure their well-being.</p> <p>Neglect includes but is not limited to failure to provide appropriate supervision, training, clean and sanitary environment, appropriate personal care, food, medical services including routine medical and specialty consultations, or medical supplies or safety devices to a participant as indicated in the participant's plan.</p> <p>Exploitation includes but is not limited to unauthorized use of the personal services, the property or the identity of a participant; any other type of criminal exploitation for one's own profit or advantage or for the profit or advantage of another."</p>						

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W 0154 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>Based on record review and interview for 1 additional client (#7), the facility failed to conduct a thorough investigation for client #7's injury of unknown origin (broken tooth).</p> <p>Findings include:</p> <p>On 1/27/25 at 2:15 PM the facility's Bureau of Disability Services (BDS) reports were reviewed.</p> <p>A 7/4/24 BDS report indicated "On 07/4/2024, [client #1's] mother came to pick him up for therapeutic leave and noted that [client #1's] bottom tooth had broken. Staff immediately provided emotional support and contacted the Director to contact the dentist. It is unknown how [client #1's] tooth broke. Staff ensured [client #1] was not in any pain. Plan to Resolve (Immediate and Long Term). Easterseals Arc will schedule a dental appointment for [client #1] as soon as possible. Easterseals Arc will continue to provide for [client #1's] safety, health and well-being."</p> <p>No documentation of an investigation was provided for review.</p> <p>On 1/31/25 at 12:45 PM the Vice President of Residential Services (VPRS) was interviewed. The VPRS stated, "An investigation should have been completed for an injury of unknown origin."</p> <p>9-3-2(a)</p>			W 0154	<p>All house staff, and QDP will be trained on "injuries of unknown origin" reporting protocol and investigation procedures. Person Responsible: QIDP/Quality Assurance</p> <p>Date Completed: 03/08/2025</p> <p>Quality Assurance to be retrained on conducting thorough investigations for all ANE incidents.</p> <p>Person Responsible: Director of Quality Assurance</p> <p>Date Completed: 03/08/2025</p>		03/08/2025
W 0159	<p>483.430(a) QIDP</p>						

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Bldg. 00	<p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 5 additional clients (#4, #5, #6, #7 and Former Client (FC) #8), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor 1) to ensure staff are competently trained in medication security policies and procedures, 2) clients #1 and #2's Behavioral Support Plan (BSP) to ensure they were updated yearly and to convene the Interdisciplinary Team (IDT) to review client #5's BSP after an increase in Self-injurious Behavior (SIB)/Biting incidents were reported; 3) to ensure the Individual Support Plan (ISP) goals to clean their rooms were implemented for clients #2 and #6; and 4) to ensure the Human Rights Committee (HRC) committee was convened for clients #1 and #2's psychotropic medication yearly review and approval.</p> <p>Findings include:</p> <p>1) Please see W192. For 3 of 3 sampled clients (#1, #2 and #3) plus 5 additional clients (#4, #5, #6, #7 and FC #8), the QIDP failed to ensure the staff were competently trained to return old, unused medications of current clients (#1, #2, #3, #4, #5, #6 and #7) and discharged client (FC #8) to the office; 2) to ensure dropped medications were returned to the office and 3) to ensure staff kept all medications locked.</p> <p>2) Please see W240. For 2 of 3 sampled clients (#1 and #2) plus one additional client (#5), the QIDP failed to ensure client #5's Behavior Support Plan (BSP) was effective for the increased SIB/Biting incidents; and to ensure client #1 and #2's BSPs were updated annually</p>		W 0159	<p>The QDP will be retrained on when to convene the IDT (interdisciplinary team) to discuss behavior incidents in order to develop, implement, and monitor clients' increase in incidents of maladaptive behaviors; training staff to ensure staff are competently trained to respond to abnormal vital signs for clients; completing annual CFA's for all clients; and retrained to ensure client ISP goals are implemented as documented.</p> <p>Person Responsible: QDP</p> <p>Completion Date: 03/08/2025</p> <p>The Director of Group Homes will meet with QDP monthly to ensure IDT meetings are scheduled as needed to discuss behavior incidents in order to develop, implement, and monitor clients maladaptive behaviors, the QDP is providing training to staff to ensure competency of responding to abnormal vital signs, completing annual CFA's, and completing timely updates for ISP/BSP/RP (individual support plan/behavioral support plan/risk plan).</p> <p>Person Responsible: Director of Group Homes</p> <p>Completion Date: 03/08/2025</p>		03/08/2025	

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W 0192 Bldg. 00	<p>3) Please see W249. For 1 of 3 sampled clients (#2) plus 1 additional client (#6), the QIDP failed to ensure their goals to clean their cluttered rooms were implemented.</p> <p>4) Please see W262. For 2 of 3 sampled clients (#1 and #2), the QIDP failed to ensure the facility's specially constituted committee (Human Rights Committee/HRC) reviewed, approved and monitored the clients' restrictive behavior plans.</p> <p>9-3-3(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 5 additional clients (#4, #5, #6, #7 and Former Client (FC) #8), the facility failed 1) to ensure the staff were competently trained to return old, unused medications of current clients (#1, #2, #3, #4, #5, #6 and #7) and discharged client (FC #8) to the office; 2) to ensure dropped medications were returned to the office and 3) to ensure staff kept all medications locked.</p> <p>Findings include:</p> <p>1) On 1/27/25 at 6:25 AM the left side closet in the front living room's unlocked door was opened. A review of the expired medications accessible to clients #1, #2, #3, #4, #5, #6 and #7 indicated the following medications that were not returned to the office for client #1: Diclofenac sodium (pain medication) topical (applied to the skin) gel 1% x 2 expired 7/7/24.</p> <p>The review included the following medications that were not returned to the office for client #2:</p>			W 0192	<p>All Tillman home staff will be retrained on when and how to keep all medications locked and old and dropped medications are turned into the office/nursing. To ensure compliance, the QDP will set a calendar invite with recurring deadlines of when old and dropped medications need to be turned into the office/nursing. The QDP will follow up with the House Supervisor if the medications are not brought to the office/nursing within 24 hours of the deadline. Persons Responsible: House Supervisor and QDP</p> <p>Date Completed: 03/08/2025</p>		03/08/2025

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	<p>Miralax (constipation medication) bottles x 18 expired 1/26/19 through 12/17/24</p> <p>Bacitracin (antibiotic) Ointment 500 gm (gram) x 2 expired 3/1/23 through 2/22/24</p> <p>Carmex (lip balm) Ointment x 1 expired 2/22/20</p> <p>Banophen (anxiety medication) 25 mg (milligram) (full card) x 1 expired 2/22/24</p> <p>Naproxen (anti-inflammatory/pain medication) 220 mg (full card) x 1 expired 2/22/24.</p> <p>The review included the following medications that were not returned to the office for client #3:</p> <p>Miralax bottles x 13 expired 4/14/21 through 12/12/24</p> <p>Tums (stomach medication) x 4 expired 12/7/23 through 12/24/24</p> <p>Sadie Shampoo x 1 expired 4/20/23</p> <p>Lancets (needles for checking blood sugar) x 20 boxes expired 3/11/22 through 1/14/25.</p> <p>The review included the following medications that were not returned to the office for client #4:</p> <p>Miralax bottles x 1 expired 2/22/23.</p> <p>The review included the following medications that were not returned to the office for client #5:</p> <p>Listerine (mouthwash) bottles x 7 expired 2/22/23 - 2/23/24.</p> <p>The review included the following medications that were not returned to the office for client #6:</p> <p>Chlorhexidine Gluconate (physician prescribed mouthwash) Solution bottles x 26 expired 11/21/21 through 11/22/24</p> <p>Diphenhydramine (anti-anxiety) 12.5 mg/5 ml (milliliters) x 1 expired 2/22/24</p> <p>Fluticasone (allergy medication) 50 mcg (micrograms)/actuation x 1 expired 2/22/24.</p> <p>The review included the following medications</p>						

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	<p>that were not returned to the office for client #7: Miralax bottles x 15 expired 5/19/21 through 12/26/24.</p> <p>The review included the following medications that were not returned to the office for FC #8: Fish Oil (cholesterol medication) bottles x 5 (client expired 11/22/24).</p> <p>The review included the following medications that were not returned to the office for the group home office: Peroxide bottle x 1 expired 5/2022 Alcohol bottles x 2 expired 7/2024.</p> <p>2) An observation was completed on 1/27/25 from 4:45 PM to 7:45 PM. At 4:45 PM on the inside of the left medication door there was a baggie taped to the door. There was a burnt orange colored pill in the bag with writing that indicated "found on the floor 1/9/25." When asked about the pill in the bag from 1/9/25 still being in the house, the House Manager stated, "It should have been taken to the office to be destroyed the day after it was found."</p> <p>3) An observation was completed on 1/28/25 from 5:00 AM to 7:50 AM. At 5:00 AM the medication room door was open. When the surveyor entered the medication room, the medication cabinet doors were open with the medication baskets of clients #1, #2, #3, #4, #5, #6 and #7 in the unlocked cabinet. The medication door and medication cabinet remained unlocked throughout the observation until 7:26 AM when Direct Support Professional (DSP) #3 closed and locked the medication cabinet door at the end of his shift.</p> <p>On 1/31/25 at 11:30 AM the Director of Nurse (DON) and the Nursing Supervisor (NS) were interviewed. The DON stated, " Staff has been</p>						

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W 0240 Bldg. 00	<p>trained that all expired medications should be returned to the office the next day or on Monday if it is a weekend to be destroyed. At the end of the month, any medications left over are to be packaged and kept away from client access until they can be brought to the office to be destroyed." The nursing supervisor stated, "Staff is trained to return any medications the day a client passes away or if they drop a pill so that it can be replaced."</p> <p>On 1/31/25 at 12:45 PM the Vice President of Residential Services (VPRS) stated, "Staff should have known the policy to return unused/expired medications, dropped medications and to keep the medication cabinet secured. Training will need to occur."</p> <p>9-3-3(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>Based on observation, record review and interview for one additional client (#5), the facility failed to ensure client #5's Behavior Support Plan (BSP) was effective for the increased Self-injurious Behavior (SIB)/Biting incidents.</p> <p>Findings include:</p> <p>An observation was completed on 1/27/25 from 4:45 PM to 7:45 PM. At 4:54 PM client #5 was sitting on the couch hitting his head with both hands repeatedly. Staff were using calm words to redirect client #5. At 4:57 PM DSP #1 assisted client #5 to the bathroom. At 5:15 PM, DSP #1 stated, "after [client #5's] shower, he was tired, and I put him to bed after he said 'no' to eating dinner. If he gets up later, we can ask him again</p>			W 0240	<p>Client #5'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 to support the client towards independence.</p> <p>Person Responsible: Behavior Consultant</p> <p>Date Completed: 03/08/2025</p> <p>All Tillman staff that work with Client #5 will be trained on his</p>		03/08/2025

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	<p>about food." Client #5 remained in bed throughout the rest of the observation.</p> <p>An observation was completed on 1/28/25 from 5:00 AM to 7:50 AM. At 5:00 AM DSP #3 stated, "[Client #5] has been asleep on my whole shift." At 6:09 AM, client #5 was in the hallway making high-pitched sounds and hitting his head with his hands. DSP #3 cued him to go into the bathroom. At 6:11 AM, client #5 was sitting on the commode with his pants and underwear at his ankles, hitting his head with both hands. At 7:26 AM client #5 was sitting on the couch and watching his iPad.</p> <p>On 1/27/25 at 2:15 PM the facility's Bureau of Disability Services (BDS) reports were reviewed.</p> <p>A 1/14/25 BDS report from 12:50 PM indicated "While at the day program on 1/14/25, [client #5] was sitting in the recliner watching his favorite show on the tablet when he began to bite his right hand where there was a previous bite wound, thus reopening the wound. The biting lasted approximately 25 minutes off and on. Redirection and calming attempts were made and were not successful until supervisor came and took a walk with [client #5]. Once [client #5] calmed down, the wound was treated with first aid and client #5 was offered emotional support. Plan to Resolve (Immediate and Long Term). Easterseals Arc will continue to provide for client #5's health, safety and wellbeing."</p> <p>A 1/13/25 BDS report from 2:27 PM indicated "While at the day program on 1/13/25, [client #5] was sitting in the recliner watching his favorite show on the tablet when he began to hit himself on the ears. He also then bit his right hand where there was a previous bite wound, thus reopening the wound. The biting lasted approximately 10</p>			<p>updated Behavior Support Plan.</p> <p>Persons Responsible: QIDP and House Supervisor</p> <p>Date Completed: 03/08/2025</p>			

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	<p>minutes. Redirection and calming attempts were made and were not successful. Once [client #5] calmed down, the wound was treated with first aid and [client #5] was offered emotional support. Plan to Resolve (Immediate and Long Term). Easterseals Arc will continue to provide for [client #5's] health, safety and wellbeing."</p> <p>A 1/12/25 BDS report from 5:30 PM indicated "1/12/25, while at home, [client #5] bit his right hand in an area where there was a previous bite wound, on and off for 30 minutes, thus reopening the wound. Once [client #5] calmed down, his wound was treated with first aid and [client #5] was offered emotional support. Staff tried redirecting and calming during the 30 minutes, but nothing helped. Prior to [client #5] beginning to bite his hand, he was sitting calmly on the couch watching his favorite show on his tablet. A few of his roommates were in the room watching TV, but overall volume in the room was moderately low, and everyone was sitting and relaxing. Plan to Resolve (Immediate and Long Term). Easterseals Arc will continue to provide for [client #5's] health, safety and wellbeing."</p> <p>A 1/2/25 BDS report from 11:30 AM indicated "While at the day program on 1/2/2025, [client #5] bit his hand in an area where there was a previous bite wound, thus reopening the wound. The wound was treated with first aid and [client #5] was offered emotional support. Plan to Resolve (Immediate and Long Term). Easterseals Arc will continue to provide for [client #5's] health, safety and wellbeing."</p> <p>A 1/2/25 Follow up BDS report indicated "1. Please describe the events leading up to the Individual's self-injurious behavior.- there was a medical emergency with a peer in the room across</p>						

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	<p>the hall that made the participants in that room move to his room suddenly. This caused him to get anxious 2. Please provide an update on the status of the injury.- the wound is currently wrapped and being treated Easterseals will continue to provide for [client #5's] health, safety, and welfare."</p> <p>A 12/30/24 BDS report from 2:30 PM indicated "While at the day program on 12/30/2024, [client #5] bit his hand in an area where there was a previous bite wound, thus reopening the wound. The wound was treated with first aid and [client #5] was offered emotional support. Plan to Resolve (Immediate and Long Term). Easterseals Arc will continue to provide for [client #5's] health, safety and wellbeing."</p> <p>A 12/31/24 BDS Follow up report indicated "Please describe the events leading up to the Individual's self-injurious behavior.- a peer got too close to [client #5] and did not move. This caused [client #5] to become anxious. Please provide an update on the status of the injury.- wound is wrapped and is being treated. Easterseals will continue to provide for [client #5's] health, safety, and welfare."</p> <p>A 12/17/24 BDS report from 2:30 PM indicated "While at the day program on 12/17/24, [client #5] bit his hand in an area where there was a previous bite wound, thus reopening the wound. The wound was treated with first aid and [client #5] was offered emotional support. Plan to Resolve (Immediate and Long Term). Easterseals Arc will continue to provide for [client #5's] health, safety and wellbeing."</p> <p>A 12/13/24 BDS report from 12:00 PM indicated "On 12/13/24 while sitting on the couch [client #5]</p>						

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	<p>started to slap the sides of his face and biting his right hand, reopening a wound that was caused by previous biting that was reported on a previous bdds (sic) (bureau of disability services/BDS). Staff redirected [client #5], and gave him emotional support. The wound was cleaned, and a prn (as needed) was given for pain. Plan to Resolve (Immediate and Long Term). ESarc will continue to monitor client #5's health, safety and well-being."</p> <p>A 12/3/24 BDS report from 4:00 PM indicated "While at home on 12/3/24, [client #5] was on the couch and began to hit himself on the ears. He also bit both of his hands. On one of the hands, he bit where there was a previous bite wound, thus reopening the wound. The wound was treated with first aid and [client #5] was offered emotional support. Plan to Resolve (Immediate and Long Term). Easterseals Arc will continue to provide for [client #5's] health, safety and wellbeing."</p> <p>A 12/3/24 Follow up BDS report indicated "1. Did the Individual sustain any injuries to his ears?-[client #5] was seen by the Easterseals Arc Clinic on 12/4/2024. It is reported that he has no redness, swelling, or bleeding in, on, or around his ears. No injuries noted to his ears. Easterseals will continue to provide for [client #5's] safety, health, and wellbeing."</p> <p>An 11/27/24 BDS report from 4:00 PM indicated "On 11/27/2024 [client #5] bit and drew blood on his right hand that was previously open, causing a 1/2-inch circle bite mark with scabbing over it. Staff will continue to monitor [client #5] for changes and concerns to report to nursing. Plan to Resolve (Immediate and Long Term). Staff will encourage [client #5] to avoid biting that area.</p>						

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	<p>Easterseals Arc will continue to monitor [client #5's] health, safety and wellbeing."</p> <p>An 11/21/24 BDS report from 11:15 AM indicated "While at the day program on 11/21/24, [client #5] bit his hand in an area where there was a previous bite wound on two separate occasions, thus reopening the wound each time. The wound was treated with first aid and [client #5] was offered emotional support each time. Plan to Resolve (Immediate and Long Term). Easterseals Arc will continue to provide for [client #5's] health, safety and wellbeing."</p> <p>An 11/13/24 BDS report from 3:10 PM indicated "While at the day program on 11/13/24, [client #5] bit his hand in an area where there was a previous bite wound, thus reopening the wound. The wound was treated with first aid and [client #5] was offered emotional support. Plan to Resolve (Immediate and Long Term). Easterseals Arc will continue to provide for [client #5's] health, safety and wellbeing."</p> <p>An 11/4/24 BDS report at 1:45 PM indicated "While at the day program on 11/4/24, [client #5] bit his hand in an area where there was a previous bite wound, thus reopening the wound. The wound was treated with first aid and [client #5] was offered emotional support. Plan to Resolve (Immediate and Long Term). Easterseals Arc will continue to provide for [client #5's] health, safety and wellbeing."</p> <p>Client #5's record review was completed on 1/30/25 at 10:00 AM. Client #5's 10/27/23 BSP (Behavior Support Plan) indicated</p> <p>"Targeted Behaviors (meaning); baseline.</p>						

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	<p>Self-Injury (Biting his wrists, hands, and arms; hitting himself in the head 1-2x/month Communication, with his hands; hitting his head on walls ...); 1-2x/month.</p> <p>Proactive/Prevention Strategies:</p> <ul style="list-style-type: none"> o Structure- [Client #5] needs consistency, routine, and structure to thrive. When his schedule changes, it is important to let him know in advance using visuals and multiple reminders if possible. o Calm Environment- He is sensitive to loud noises and chaotic environments. Therefore, try to keep his environment calm or offer another calm environment if his is not. Use a calm, soft tone of voice when speaking with him. o Avoid Complex Directives-When giving [client #5] a directive, use simple language with no more than two directions at a time. Giving [client #5] a list of things to do will overwhelm him. o Prompts- Giving [client #5] prompts before transitioning to another activity or location is important. If possible, give him a reminder 10 minutes and 5 minutes before another activity so he knows what to expect. If needed, you can additionally use a visual timer to help prompt him between activities. o Community Engagement- [Client #5] enjoys activities/outings at day program and home. Providing opportunities to get: outside, go for walks, swing, and go to community events are important for his mental health and overall well-being. o Preferred Activities- Opportunities to do the things he loves such as tablet, music, singing with/to him, looking at himself in mirrors, [children's show], animated movies/ TV shows, and toys that spin, light up, or float. <p>Maintaining Physical Health- Getting enough sleep and enough to eat and drink are important to</p>						

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	<p>prevent behaviors as these are triggers for his self-injury. Tracking and communicating with other staff about his health may be important to identify when he may engage in self-injury to prepare other staff as well ...</p> <p>Reactive Strategies (To Do When Behavior Occurs): ...Self-Injury</p> <ol style="list-style-type: none"> 1. Ask [client #5] to stop in a soft, calm tone of voice. Eliminate any distracting stimuli i.e., loud television, loud music, loud conversations, etc. 2. If [client #5] will allow you to, gently hold his hands and stroke them to prevent him from biting himself and/or hitting his head with his hands. <ol style="list-style-type: none"> a. If exhibiting behaviors at day service, remove [client #5] from the area if he wishes and allows you to take him to the sensory room to de-escalate and calm down. b. If exhibiting behaviors at home, remove [client #5] from the area if he allows you in order to de-escalate and calm down. 3. Offer [client #5] a sports headband to wear throughout the day that he can easily remove himself if he wishes, to protect him and prevent Injury if he gets agitated and starts banging/hitting his head. <ol style="list-style-type: none"> a. If [client #5] is banging/hitting his head, use a soft object block the blow, such as a pillow as well as offer his sports headband to him if he is not already wearing it, while encouraging him to stop. b. If [client #5] is biting himself, offer an armband i.e., sweat band type or band-aid that he can easily remove himself if he wishes. 4. Head banging/hitting his head is a form of self-soothing and communication. [Client #5] may be trying to tell staff something. Try to determine what may be causing the behavior i.e., loud 						

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	<p>noises, too much going on, asked to do too much at once, change in routine, unfamiliar staff/people/settings, etc.</p> <p>5. Offer [client #5] a weighted cape/blanket, sound canceling headphones, water, and/or snacks</p> <p>6. Praise him when he calms down and uses coping strategies.</p> <p>7. Track behavior on an ABC (Antecedent Behavior Consequence) Card. Report on Internal incident Report as needed.</p> <p>Medications (reason on it) dose:</p> <p>Aripiprazole (anxiety) 5 mg at bedtime Clonidine (anxiety) 0.1 mg BID Hydroxyzine (anxiety) 25 mg BID Paxil (sexual anxiety) 10 mg once daily.</p> <p>Review of client #5's record indicated there have been no updates for the SIB/biting incidents provided for review. There have been no IDT (interdisciplinary team) meetings held to discuss the increase in maladaptive behaviors.</p> <p>On 1/30/25 at 11:00 AM an interview with the Director of Nursing (DON) and the Nursing Supervisor (NS) was completed. The DON stated, "[Client #5] has been seen in the clinic for his repeated wounds resulting from his SIB/Biting incidents. Nursing isn't a part of the IDT team, so I don't know if the IDT (interdisciplinary) team has met." The NS stated, "[Client #5] has recently seen his psych physician and he didn't change [client #5's] medications."</p> <p>On 1/30/25 at 12:45 PM an interview with the Vice President of Residential Services (VPRS) was completed. The VPRS indicated the BSP should have been updated, and the IDT should have met to discuss the increase in maladaptive behaviors.</p>						

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W 0249 Bldg. 00	<p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2) plus 1 additional client (#6), the facility failed to ensure their goals to clean their cluttered rooms were implemented.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/27/25 from 4:45 PM to 7:45 PM. At 6:23 PM client #2 showed the surveyor her room. Her bed was piled with "stuffies" 2 deep taking up ½ of the space available on the twin size bed. The client wanted to show a picture of her boyfriend and had to move 2 pillows, 8 stuffies and pull it out of 3 bags that were all stacked in the corner next to the wall on the twin sized bed. The shelves were full and overflowing with knickknack items, pictures, memorabilia and the client's collections. The floor had coloring books with multiple sets of markers and gel pens arranged by color in rows that the client was walking around. The dresser top was full of knickknacks and a dust like substance covered most of the items on the dresser. The floor by the window had piles of clothes and items that would not fit in her dresser, on her shelves, under her bed or in her double closet. Client #2 stated, "I have too much stuff, but I like it all." When asked if staff asked her to clean her room, client #2 stated, "I get mad at them. I don't like them to tell me what to do with my stuff. I like it all. I want to keep it all." When asked about all the items on the floor being a tripping or fall risk hazard, client #2 stated,</p>		W 0249	<p>All Tillman staff will be retrained on Clients #2 and #6's Individual Support Plan goals, especially their daily goals of cleaning and organizing their rooms. Persons Responsible: House Supervisor/QIDP</p> <p>Completion Date: 03/08/2025</p> <p>The House Supervisor will complete an observation of the group home twice a week for two months and then once a week ongoing. The QDP will complete an observation of the group home once a week for two months and then twice a month ongoing. Both that all staff are ensuring clients #2 and #6 are encouraged to complete their daily goals consistently.</p> <p>Persons Responsible: House Supervisor and QIDP</p> <p>Date Completed: 03/08/2025</p>		03/08/2025	

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	<p>"maybe but it is my stuff. I have it where I like it. I haven't fallen."</p> <p>An observation was conducted at the group home on 1/28/25 from 5:00 AM to 7:50 AM. At 6:25 AM, the surveyor was brought into client #6's room, her bed was made but there were clothes all over. The closets were full, and the dresser drawers didn't close because they were overflowing with clothes. She had papers, books, and trinkets on the floor. Client #6 was walking around them. She was putting clothes and books on the bed that wouldn't fit anywhere else. When asked if staff asked her to clean her room, she jumped up and stated, "I have to go do my morning chores."</p> <p>On 1/31/25 at 9:00 AM an interview with client #6 was completed. Client #6 stated, "I have to clean my room this weekend. It is a mess. I have lots of stuff in my room. I can't put it all away. I need to get rid of stuff, but I don't want to." When asked if staff offered to help her, client #6 stated, "I don't want help." When asked why she needed to keep her room clean, client #6 stated, "staff tells me because it keeps me safe. I just think they want me to get my stuff thrown out."</p> <p>Client #2's record review was completed on 1/30/25 at 9:23 AM. Client #2's 12/3/22 Behavioral Support Plan (BSP) indicated "[Client #2] will learn basic organizational skills that will assist in decreasing clutter. She will be responsible for maintaining her room 2 out of 5 days per week for the next 6 months by November 2023."</p> <p>Client #6's record review was completed on 1/30/25 at 11:00 AM. Client #6's 9/27/23 Individual Support Plan (ISP)</p>						

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W 0262 Bldg. 00	<p>indicated "[client #6] will clean her room to keep it safe with a modeling prompt 1x (time) a week for 6 consecutive months."</p> <p>On 1/27/25 at 7:40 PM the House Manager (HM) was interviewed. The HM indicated clients #2 and #6 do have goals to clean their rooms and staff should have been encouraging them to complete their daily goals.</p> <p>On 1/31/25 at 12:45 pm the Vice President of Residential Services (VPRS) was interviewed. The VPRS indicated the staff should have had the clients work their daily goals.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(i)</p> <p>PROGRAM MONITORING & CHANGE</p> <p>Based on record review and interviews for 2 of 3 sampled clients (#1 and #2), the facility's specially constituted committee (Human Rights Committee/HRC) failed to review, approve and monitor the clients' restrictive behavior plans.</p> <p>Findings include:</p> <p>Client #1's record review was completed on 1/30/25 at 8:50 AM.</p> <p>Client #1's 7/19/22 Behavior Support Plan (BSP) included the use of pre-medication for dental procedures (Triazolam for anxiety). There was no documentation in the record indicating the facility's HRC reviewed, approved and monitored client #1's restrictive program plan.</p> <p>Client #2's record review was completed on 1/30/25 at 9:23 AM.</p>			W 0262	<p>All Tillman staff will be retrained on all Clients' Behavior Support Plans, especially regarding the implementation and monitoring of restrictive program plans.</p> <p>Persons Responsible: House Supervisor/QDP</p> <p>Completion Date: 03/08/2025</p> <p>The House Supervisor will complete an observation of the group home twice a week for two months and then once a week ongoing. The QDP will complete an observation of the group home once a week for two months and then twice a month ongoing. Both</p>		03/08/2025

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W 0331 Bldg. 00	<p>Client #2's 12/3/22 BSP included the use of psychotropic medications (Seroquel for bipolar, Zoloft for depression and Methylphenidate ER for ADHD/Attention Deficit Hyperactivity Disorder). There was no documentation in the record indicating the facility's HRC reviewed, approved and monitored client #2's restrictive program plan.</p> <p>On 1/31/25 at 12:45 PM the Vice President of Residential Services (VPRS) was interviewed. The VPRS stated, "The BSP plans should have been updated, and these plans should have had HRC consent for the clients' restrictive program plans."</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 5 additional clients (#4, #5, #6, #7 and Former Client (FC) #8), the facility's nursing services failed to monitor and ensure 1) the staff were competently trained to return old medications to the office; 2) to ensure discharged client's medications were returned to the office; to ensure dropped medications were returned to the office and to ensure staff kept all medications locked.</p> <p>Findings include:</p> <p>1. Please see W192. For 3 of 3 sampled clients (#1, #2 and #3) plus 5 additional clients (#4, #5, #6, #7 and FC #8), the facility's nursing services failed to ensure the staff were competently trained to return old, unused medications of current clients (#1, #2, #3, #4, #5, #6 and #7) and discharged client (FC #8) to the office; to ensure dropped medications were returned to the office</p>		W 0331	<p>ensuring staff following client Behavior Support Plans, especially regarding the implementation and monitoring of restrictive program plans.</p> <p>Persons Responsible: House Supervisor/QIDP</p> <p>Completion Date: 03/08/2025</p>		03/08/2025	
	<p>Director of Nursing to retrain Nursing services on the agency's Medication monitoring/management policy. Persons Responsible: House Supervisor and QDP</p> <p>Date Completed: 03/08/2025</p> <p>All Tillman home staff will be retrained on when and how to keep all medications locked and old and dropped medications are turned into the office/nursing. To ensure compliance, the QDP will set a calendar invite with recurring deadlines of when old and dropped medications need to be turned into the office/nursing. The QDP will</p>						

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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST				STREET ADDRESS, CITY, STATE, ZIP CODE 2827 TILLMAN ROAD FORT WAYNE, IN 46816			
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W 0382 Bldg. 00	<p>and to ensure staff kept all medications locked.</p> <p>2. Please see W382. For 3 of 3 sampled clients (#1, #2 and #3) plus 5 additional clients (#4, #5, #6, #7 and FC #8), the facility's nursing services failed to keep all client medications (current and expired) locked when not being administered and the staff were not within eyesight of the medication.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 5 additional clients (#4, #5, #6, #7 and Former Client (FC) #8), the facility failed to keep all client medications (current and expired) locked when not being administered and the staff were not within eyesight of the medication.</p> <p>Findings include:</p> <p>On 1/28/25 from 5:00 AM to 7:50 AM, an observation at the group home was completed. At 5:00 AM the medication door and medication cabinet with medication baskets of clients #1, #2, #3, #4, #5, #6 and #7 were in plain sight in the open, unlocked medication cabinet. At 6:04 AM, client #4 went into the bathroom across from client #7's room to do his morning care. At 6:11 AM, Direct Support Professional (DSP) #3 stated, "I will be in to help you in a minute, I am finishing with [client #7] and I have to watch the medication room to make sure no one enters. I will be in as quickly as I can." DSP #3 was observed to keep coming to the hallway and looking toward the medication room that also had an open door and</p>			W 0382	<p>follow up with the House Supervisor if the medications are not brought to the office/nursing within 24 hours of the deadline.</p> <p>Persons Responsible: House Supervisor and QDP</p> <p>Date Completed: 03/08/2025</p> <p>All Tillman staff will be retrained on client medication storage in order to ensure that clients' medications – current and expired – are stored in a secure manner. Staff will be retrained the agency's Medication Administration Policy, especially ensuring medications were kept locked when not being administered and when staff are not within eyesight of the medication in the group home. Person responsible: House Supervisor/QIDP</p> <p>Completion Date: 3/8/2025</p> <p>The House Supervisor or a Certified Medication Administration Policy Trainer will complete observations in the home once a week for the next two months. Additionally, the QDP</p>		03/08/2025

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	<p>an unlocked medication cabinet that was wide open. At 6:16 AM, client #4 was observed going into the medication room and getting in his medication basket. Client #4 pulled out a bottle of [physician prescribed] lotion and applied it to his hands and face. Client #4 was returning the lotion to the medication basket and then heading out to breakfast. At 6:18 AM, client #4 was returning to the medication room and went to the two drawer stand at the far end of the room and retrieved a bottle of spray to which he sprayed his glasses and then took a white cloth from the drawer to clean his glasses. Both items were returned to the drawer, and he again exited the medication room without DSP #3 knowing he had been in the medication room. When asked about the medication room and cabinet being left open, DSP #3 stated, "Things happen so fast in the morning, I have to be ready for the next medication that needs to be given. If the clients are ready and willing, I can't fuss around with keys. I leave things open so I can grab items quickly. I keep all the doors open so I can see who is passing in the hall. I know who I am watching for because I know the next medication to be given." When asked about client #4 being able to get his own lotion and clean his glasses without DSP #3 knowing, DSP #3 stated, "that happened? That is why I leave the doors open when I am giving care, so this doesn't happen. I thought he was at breakfast." DSP #3 didn't close the medication cabinet or the medication door until 7:26 AM. It remained open during the observation.</p> <p>The facility's BDS reports were reviewed on 1/27/25 at 2:15 PM.</p> <p>A BDS report dated 7/31/24 at 6:45 AM indicated "On 7/31/2024, another client's Omprozole (sic) (stomach pill) Cap (caplet) 40 mg (milligram) and</p>				<p>will complete observations of the home twice a month ongoing, ensuring medications are kept locked when not being administered at the group home.</p> <p>Person responsible: House Supervisor/QIDP</p> <p>Completion Date: 03/08/2025</p>		

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	<p>Loritidine (sic) (allergy medication) 10 mg (milligrams) was (sic) sitting on the table. [Client #7] went into the room and consumed the medication. Nursing was notified. [Client #7] did not have any adverse side effects. Plan to Resolve (Immediate and Long Term). Easterseals Arc will continue to observe [Client #7] for adverse reactions. Easterseals Arc will continue to provide for [client #7's] health, safety, and well-being. Action Taken by Provider: Staff suspension."</p> <p>A 7/31/24 Medication Discrepancy Report indicated "Participant Name: [Client #7] Location of Discrepancy: [street name] group home Date Discrepancy was Discovered: Jul 31, 2024 Date of Discrepancy: Jul 31, 2024 Name and Dosage of Medication or Treatment: Omeprazole 40 MG Loratadine TAB (tablet) 10 MG Time of Discrepancy 06:30 AM Type of Discrepancy Wrong Person Additional Information, please describe the discrepancy: Participant walked into med room and mistakenly took medication. By the time staff noticed it was already consumed. Name of person completing form: [DSP #3]."</p> <p>An 8/5/24 investigation indicated "Description of Allegation / Reason for Investigation: [Client #7] took housemates medications during medpass (sic). Discrepancies Noted, Resolution, Outcome: [DSP #3] mentions [depression medication] but this is not one of the meds that was given according to the discrepancy form. It is my opinion he is mixing them up since he does not have the eMAR (electronic Medication Administration Record) in front of him at the time</p>						

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	<p>of giving his statement. No Investigation was completed for the Medication Discrepancy Form."</p> <p>An (undated) medication procedures policy was reviewed on 1/31/25 at 3:00 PM and indicated "Medication Administration Process: ...2) Participants will be present for medication administration, allowing staff to confirm they are administering to the right person ...Check the order (directions) on the EMAR and select the correct medication/s from the secured location.</p> <p>1) Medications that the staff are administering shall always remain in constant supervision of staff while unsecured.</p> <p>2) Medications, not being administered at the time, shall remain in a secured location."</p> <p>On 1/28/25 at 5:00 AM, DSP #3 was interviewed. DSP #3 stated, "I had pre-popped the medications and shouldn't have. I didn't have the medications locked up and I was trying to save time. When it happened, I called the call center who called the on-call nurse. The call center told me the on-call nurse said since both clients had the same medications, omeprazole 40 mg and loratadine 10 mg, I could give [client #4] the meds from [client #7's] medication card and not have to waste a dose on [client #4's] medication card."</p> <p>On 1/27/25 at 7:40 PM, the House Manager (HM) was interviewed. The HM stated, "Medications need to be locked at all times.."</p> <p>On 1/31/25 at 11:30 AM, the Director of Nursing (DON) and the Nursing Supervisor (NS) were interviewed. The DON stated, "Medications need to remain locked." The NS stated."The staff need to keep medications secure until the time of administration."</p>						

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W 0440 Bldg. 00	<p>On 1/31/25 at 12:45 PM, the Vice President of Residential Services (VPRS) was interviewed. The VPRS stated, "The medications need to remain locked at all times until the point of administration."</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS</p> <p>Based on record review and interviews for 3 of 3 sampled clients (#1, #2 and #3) plus 4 additional clients (#4, #5, #6 and #7), the facility failed to conduct quarterly evacuation drills.</p> <p>Findings include:</p> <p>On 1/29/25 at 10:56 AM, a review of the facility's evacuation drills was conducted and indicated the following affecting clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>During the day shift (6:00 AM to 2:00 PM), there were no evacuation drills conducted between 1/30/24 and 7/5/24 and 7/7/24 and 1/28/25.</p> <p>During the evening shift (2:00 PM to 10:00 PM), there were no evacuation drills conducted between 8/21/24 and 1/28/25.</p> <p>During the night shift (10:00 PM to 6:00 AM), there were no evacuation drills conducted between 1/30/24 and 9/14/24 and 9/16/24 and 1/28/25.</p> <p>On 1/31/24 at 12:45 PM, the Vice President of Residential Services (VPRS) stated, "The evacuation drills should have been completed</p>	W 0440	<p>Ten make up drills added to the already scheduled quarterly per shift schedule for 2025 because they were not completed in 2024. Person Responsible: House Supervisor/QDP</p> <p>Completion Date: 03/08/2025</p> <p>Drill forms will be reviewed by the QDP monthly and followed up on with the house supervisor if not turned in for that month, ongoing to avoid any missed drills moving forward.</p> <p>Person Responsible: House Supervisor/QDP</p> <p>Completion Date: 03/08/2025</p>	03/08/2025	

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W 0474 Bldg. 00	<p>once per quarter per shift."</p> <p>9-3-7(a)</p> <p>483.480(b)(2)(iii) MEAL SERVICES</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 was provided a moist, mechanical soft, ground meat diet.</p> <p>Findings include:</p> <p>An observation was completed on 1/27/25 from 4:45 PM to 7:45 PM. At 5:30 PM, client #3 was served Italian casserole with noodles, sauce and hamburger mixed together and cut small, and raw salad cut small and covered in ranch dressing, a dry biscuit and a mashed banana. Client #3 is edentulous and doesn't have dentures. Staff encouraged her to drink after each bite so the food in her mouth would go down. When asked about the texture, Direct Support Professional (DSP) #2 stated, "her food processor broke a month ago and we can't get it replaced. We are cutting things as small as possible so hopefully she can swallow without choking. We encourage her to drink after every bite to ensure her food goes down before she puts more food in since she has no teeth to chew anything." When asked about a substitution list for the raw vegetables, DSP #2 stated, "If we had the food processor, it wouldn't be an issue so for now, we are just trying to chop things up smaller."</p> <p>Client #3's record review was completed on 1/30/25 at 9:45 AM.</p> <p>Client #3's 1/3/24 Dining/Choking/GERD (Gastro</p>		W 0474	<p>The group home staff will be retrained on all consumers dining and or choking risk plans. The group home supervisor will complete an observation of the group home twice weekly during mealtimes for two months. Additionally, the QDP will complete an observation of the group home during mealtimes once weekly for 4 weeks and then once a month ongoing checking for food being served in a form consistent with the developmental level of each client as specified in their dining and or choking risk plans. The observations will be documented, and any issues noted will be corrected.</p> <p>Person Responsible: QDP/Group Home Supervisor Date Completed: 03/08/2025</p>		03/08/2025	

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	<p>Esophageal Reflux Disease) risk plan (RP) indicated "[Client #3] has no teeth. [Client #3] has a diagnosis of GERD. [Client #3] is on a mechanical soft diet with no peanut butter or crackers with moist ground meat. [Client #3] has an order for an 1800 Calorie ADA (American Diabetic Association) Diet"</p> <p>On 1/27/25 at 7:40 PM an interview with the House Manager (HM) was completed. The HM stated, "There is a requisition in for a replacement food processor, but it hasn't been approved yet."</p> <p>On 1/31/25 at 12:45 PM an interview with the Vice President of Residential Services (VPRS) was completed. The VPRS stated, "They have a card and a [retail store] near, the staff should have gone and purchased the replacement food processor the day it broke. A new food processor should have been in the home for the next meal to prepare [client #3's] meal texture as ordered."</p> <p>9-3-8(a)</p>						