

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G752	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2021	
NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 9104 STRATHMORE LN FORT WAYNE, IN 46818		
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>This visit was in conjunction with the investigation of complaint #IN00326847.</p> <p>Survey dates: November 8, 9, 10 and 12, 2021.</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 11/30/21.</p>		W 0000		
W 0240 Bldg. 00	<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 observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's Dining Critical Risk Plan included client A taking small bites of food.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/8/21 from 3:38 PM to 5:20 PM and on 11/9/21 from 5:10 AM to 7:30 AM. On 11/8/21 from 4:40 PM to 5:15 PM, client A ate dinner which consisted of pot roast, peas, mashed</p>		W 0240	<p>W240</p> <p>Client A's Critical Dining risk plan has been updated to include for staff to prompt client A during mealtimes to take small bites due to her history of eating fast and needing to slow down to chew. All house staff, supervisor and QIDP will be retrained on this intervention to help support client A.</p> <p>Form FWH-027 (General Risk Factors Assessment) is completed</p>	12/12/2021

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>potatoes and peaches. On 11/9/21 from 6:35 AM 6:55 AM, client A ate breakfast which consisted of chopped sausage, fried potatoes and peaches. During both meal observations client A used a high sided divided plate, wore a clothing protector, she ate her meals with a large spoon and her food was prepared in a mechanical soft texture. Throughout both meal observations client A attempted to take bites of food so large all of the food did not fit in her mouth and half of it fell onto her clothing protector. Staff observed client A by standing next to her during both meals and did not prompt her to take small bites of food.</p> <p>On 11/9/21 at 12:15 PM, client A's 10/21/21 Dining Critical Risk Plan was reviewed and indicated, "Background.... She eats fast and needs to slow down to chew.... Goal: [Client A] will not choke with (sic) dining in the next year.... Plan of Action: Staff will monitor [client A] while eating. Staff will serve food in bite sized pieces. Staff will give [client A] verbal prompts to eat at a slow rate. Staff will provide [client A] with a clothing protector for meals. [Client A] will be encouraged to eat foods that are soft, and easy for her to chew (ground or shredded tender moistened meat). [Client A] will be encouraged to avoid sharp chips or hard bread, whole kernel corn, potato skins, peanut butter and cheese by itself, nuts, popcorn, large chunks of fruit, and hard candy...."</p> <p>A review of client A's 10/21/21 Dining Critical Risk Plan indicated the plan did not include for client A to take small bites of food.</p> <p>On 11/10/21 at 11:35 AM, the ADGH (Assistant Director of Group Homes), COO (Chief Operations Officer) and the QIDP (Qualified</p>		<p>by the team upon admission at the 30-day ISP and then at least annually prior to the ISP and reviewed quarterly thereafter. Any item checked must be discussed with team and a Risk Plan developed which should include interventions to be provided.</p> <p>Person Responsible: Agency Nurse</p> <p>Date Completed: 12/12/2021</p> <p>Form FWH-027 (General Risk Factors Assessment) is completed by the team upon admission at the 30-day ISP and then at least annually prior to the ISP and reviewed quarterly thereafter. Any item checked must be discussed with team and a Risk Plan developed which should include interventions to be provided. All agency nurses will be retrained on the use of this form and how to implement/update plans as needed going forward.</p> <p>Person Responsible: Sr. Direction of Health and Residential Supports</p> <p>Date Completed: 12/12/2021</p> <p>The group home supervisor will complete an observation of the group home three times weekly during mealtimes for two months and weekly ongoing. Additionally, the QIDP will complete an observation of the group home during mealtimes once weekly for two months and then twice a month ongoing checking to ensure all staff are following the</p>	

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W 0249 Bldg. 00	<p>Intellectual Disabilities Professional) were interviewed. The ADGH indicated client A was on a mechanical soft diet and she had a critical risk plan for choking. The ADGH indicated client A had a history of taking large bites of food and staff should prompt her to take smaller bites. The ADGH indicated taking small bites was not included in client A's Dining Critical Risk Plan, but it needed to be added.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (B) and 2 additional clients (D and F), the facility failed to use formal and informal opportunities to educate clients B, D and F regarding their medications.</p> <p>Findings include:</p> <p>1. On 11/8/21 at 3:50 PM, an observation of client B's medication administration was conducted. Staff #1 administered client B's medication and did not explain to client B what she was going to do, how to take the medication, the name of the medication, the reason for the medication use and the side effects.</p> <p>On 11/9/21 at 1:15 PM, client B's record was reviewed. Client B's 10/27/21 ISP (Individual</p>	W 0249	<p>plan of action for all consumer's as listed in their dining risk plans. The observations will be documented, and any issues noted will be corrected.</p> <p>Person Responsible: QIDP/Group Home Supervisor</p> <p>Date Completed: 12/12/2021</p> <p><u>W249</u></p> <p>All house staff and supervisor will be retrained on client B, D and F's ISP objectives regarding medication administration.</p> <p>Additionally, all staff will be retrained on using formal and informal opportunities to education all the consumers in the home for use of all daily skills.</p> <p>Person Responsible: QIDP/Assistant Director of GH's</p> <p>Date Completed: 12/12/2021</p> <p>The house supervisor will complete an observation of the home three times per week for two months and once a week ongoing.</p> <p>The QIDP will complete an</p>	12/12/2021

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	<p>Support Plan) indicated client B had an objective to state the purpose of her Atorvastatin (for cholesterol).</p> <p>2. On 11/8/21 at 4:05 PM, an observation of client F's medication administration was conducted. Staff #1 poured water into a cup for client F. Staff #1 administered client F's medication and did not explain to client F what she was going to do, how to take the medication, the name of the medication, the reason for the medication use and the side effects.</p> <p>On 11/9/21 at 1:00 PM, a focused review of client F's record was conducted. Client F's 5/5/21 ISP indicated client F had an objective to pour water into a cup for medication administration.</p> <p>3. On 11/8/21 at 4:13 PM, an observation of client D's medication administration was conducted. Staff #1 administered client D's medication and did not explain to client D what she was going to do, how to take the medication, the name of the medication, the reason for the medication use and the side effects. At 4:14 PM, the surveyor asked client D what his medication was for and client D stated, "I forgot". Staff #1 stated, "It's for constipation".</p> <p>On 11/9/21 at 1:10 PM, a focused review of client D's record was conducted. Client D's 7/7/21 ISP indicated client D had an objective to state the purpose of his medications.</p> <p>On 11/8/21 at 4:15 PM, staff #1 was interviewed. Staff #1 indicated it was important for clients to be educated about their medication. Staff #1 stated, "[Client B] and [client D] know some of their meds (medications), but the others</p>		<p>observation of the home once per week for two months and then twice a month on ongoing. Both program implementation and education regarding all daily skills. Person Responsible: House Supervisor/QIDP</p> <p>Date Completed: 12/12/2021</p>	

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W 0268 Bldg. 00	<p>don't. They all have goals to learn their meds".</p> <p>On 11/10/21 at 11:35 AM, the ADGH (Assistant Director of Group Homes), COO (Chief Operations Officer) and the QIDP (Qualified Intellectual Disabilities Professional) were interviewed. The ADGH, QIDP and the COO indicated training should be implemented each time medication is administered.</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), the facility failed to promote clients A, B and C's dignity in regard to using fabric incontinence pads on the furniture for clients A and B and not ensuring client C's fingernails were trimmed.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 11/8/21 from 3:38 PM to 5:20 PM and on 11/9/21 from 5:10 AM to 7:30 AM. Throughout the observation periods there was a couch and a recliner in the living room which had fabric incontinence pads on top of the cushions. The incontinence pads were not covered with a sheet or blanket to conceal them. Client B sat on the recliner and client A sat on the couch periodically throughout the observations.</p> <p>On 11/9/21 at 12:15 PM, client A's record was reviewed. The record did not indicate client A should sit on a fabric incontinence pad.</p>	W 0268	<p>W 268</p> <p>The fabric incontinence pads on the furniture have been covered with a slipcover to conceal use of the pads. Additionally, Client C's fingernails were trimmed down immediately giving the client plenty of time between clipping of each fingernail as this is a hygiene task he does not like. Client C moved into the GH on 10/07/2021. Upon move into the GH this was the length he had always had them, and his Mother and Guardian stated he gave her a difficult time completing this task. Due to this being a task Client C was not fond of an ISP objective was put in place on 11/04/2021 for Ryan to trim his fingernails once weekly with full physical prompts from staff. Person Responsible: House</p>	12/12/2021

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W 0322 Bldg. 00	<p>On 11/9/21 at 1:15 PM, client B's record was reviewed. The record did not indicate client B should sit on a fabric incontinence pad.</p> <p>On 11/10/21 at 11:35 AM, the ADGH (Assistant Director of Group Homes), COO (Chief Operations Officer) and the QIDP (Qualified Intellectual Disabilities Professional) were interviewed. The ADGH stated the incontinence pads were used, "To maintain the furniture. [Client B] is on Linzess (for irritable bowel syndrome) and it makes her go (bowel movement) all the time. She could use the bathroom and go again a few minutes later. It's a hygiene thing". The QIDP stated, "We don't want them peeing all over the furniture. It seeps down into the cushions and everything will smell like urine eventually". The ADGH stated, "It's not a dignity issue to me". The QIDP agreed with the ADGH.</p> <p>2. Observations were conducted at the group home on 11/8/21 from 3:38 PM to 5:20 PM and on 11/9/21 from 5:10 AM to 7:30 AM. Throughout the observation periods, client C's fingernails were past the ends of his fingers and needed to be trimmed.</p> <p>On 11/10/21 at 11:35 AM, the ADGH, COO and the QIDP were interviewed. The ADGH and the QIDP indicated client C's fingernails should be trimmed weekly.</p> <p>9-3-5(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p>			<p>Supervisor/QIDP Date Completed: 12/12/2021 The house supervisor will complete an observation of the home three times per week for two months and once a week ongoing. The QIDP will complete an observation of the home once per week for two months and then twice a month on ongoing. Both ensuring dignity is being provided for all consumers in the home. Person Responsible: House Supervisor/QIDP Date Completed: 12/12/2021</p>	

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W 0323 Bldg. 00	<p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A had annual manual breast examinations as ordered by the physician.</p> <p>Findings include:</p> <p>On 11/9/21 at 12:15 PM, client A's record was reviewed. Client A's 12/15/17 annual physical form completed by her PCP (primary care physician) indicated, "Medication orders: annual manual breast exam at annual physicals". The record did not indicate client A had annual manual breast examinations as ordered by the physician.</p> <p>On 11/10/21 at 11:35 AM, the ADGH (Assistant Director of Group Homes), COO (Chief Operations Officer) and the QIDP (Qualified Intellectual Disabilities Professional) were interviewed. The ADGH indicated client A's physician and guardian declined to have mammograms completed and ordered annual manual breast exams to be completed during her annual physical. The ADGH indicated physician orders should be followed.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A had a current hearing evaluation.</p> <p>Findings include:</p>		W 0322	<p><u>W322</u> Quarterly nursing assessments as completed on 08/11/21, 05/06/21 and 02/02/21 all completed within the calendar year of 2021 indicated that client A's breasts were examined, and no notes were made for any areas of concern. Person Responsible: Agency Nurse Date Completed: 12/12/2021</p>
			W 0323	<p><u>W323</u> Client A's hearing evaluation was completed on 11/16/2021. Person Responsible: Group Home Med Runner</p>

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W 0382 Bldg. 00	<p>Client A's record was reviewed on 11/9/21 at 12:15 PM. The record indicated client A's hearing evaluation was completed on 12/11/17. The record did not indicate documentation of a current hearing evaluation.</p> <p>On 11/10/21 at 11:35 AM, the ADGH (Assistant Director of Group Homes), COO (Chief Operations Officer) and the QIDP (Qualified Intellectual Disabilities Professional) were interviewed. The ADGH indicated hearing evaluations should be completed every three years.</p> <p>9-3-6(a)</p>		W 0382	<p>Date Completed: 11/16/2021 Ongoing the Group Home Med Runner will audit all appointments scheduled vs those that need scheduled to ensure all preventative and general medical care appointments are scheduled as required and or needed.</p> <p>Person Responsible: Group Home Med Runner Date Completed: 12/12/2021 The Assistant Director of Group Homes will audit all appointments scheduled vs those that need scheduled for the next three months to ensure all preventative and general medical care appointments are scheduled as required and or needed.</p> <p>Person Responsible: Assistant Director of Group Homes Completion Date: 12/12/2021</p>	12/12/2021

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W 0460 Bldg. 00	<p>Observations were conducted at the group home on 11/8/21 from 3:38 PM to 5:20 PM and on 11/9/21 from 5:10 AM to 7:30 AM. Throughout the observations there was a black lock box in the refrigerator with a key in the key hole. The box was unlocked and contained two 16.9 ounce bottles of Fish Oil and Omega 3's (supplements).</p> <p>On 11/9/21 at 1:00 PM, a focused review of client F's record was conducted. Client F's undated Physician's Orders indicated client F was prescribed "The Very Finest Fish Oil- Liqd (liquid).... Give 5 ml (milliliters) (1 teaspoon) by mouth daily for supplement".</p> <p>On 11/9/21 at 5:52 AM, staff #2 was interviewed. Staff #2 indicated the Fish Oil was for client F. Staff #2 indicated the Fish Oil was administered to client F in the mornings. Staff #2 indicated the medication box should be locked and the key should not be in the key hole.</p> <p>On 11/10/21 at 11:35 AM, the ADGH (Assistant Director of Group Homes), COO (Chief Operations Officer) and the QIDP (Qualified Intellectual Disabilities Professional) were interviewed. The ADGH, QIDP and the COO indicated medication should be locked when not being administered.</p> <p>9-3-6(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation and interview for 2 of 3 sampled clients (B and C) and 1 additional client</p>		W 0460	<p>All group home staff will be retrained on securing medications. Person Responsible: QIDP/House Supervisor Completion date: 12/12/2021</p> <p>The house supervisor will complete an observation of the home three times per week for two months and once a week ongoing. The QIDP will complete an observation of the home once per week for two months and then twice a month on ongoing. Both ensuring all medications are secured appropriately. The observations will be documents and any issues noted will be correct. Person Responsible: House Supervisor/QIDP Date Completed: 12/12/2021</p> <p><u>W460</u> Staff will be retrained on</p>	12/12/2021

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	<p>(F), the facility failed to ensure clients B, C and F received equivalent food substitutions after declining part of their meals.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 11/8/21 from 3:38 PM to 5:20 PM. Clients C and F ate dinner from 4:40 PM to 5:05 PM. Dinner was pot roast, mashed potatoes, peas and peaches. Client C declined peas as the food was being passed around the table. He served himself pot roast, mashed potatoes and peaches with hand over hand assistance from staff. Client C was not offered a substitution after he declined the peas. At 4:50 PM, client F was done eating and she ate all of her food with the exception of the pot roast. Client F was not offered a substitution for the pot roast. She was offered an extra serving of mashed potatoes instead of a protein.</p> <p>An observation was conducted at the group home on 11/9/21 from 5:10 AM to 7:30 AM. Clients B and C ate breakfast from 6:35 AM to 6:55 AM. Breakfast was chopped sausage, fried potatoes and peaches. Client C declined peaches and wasn't offered a substitution. Client B ate a few bites of her food then pushed her plate away and drank her Boost (nutritional supplement). Client B then took a bite of her potatoes and spit them out onto her plate. Client B was not offered substitutions for the sausage and potatoes.</p> <p>On 11/10/21 at 11:35 AM, the ADGH (Assistant Director of Group Homes), COO (Chief Operations Officer) and the QIDP (Qualified Intellectual Disabilities Professional) were interviewed. When asked what the process was if a client declined part of a meal, the ADGH stated, "It depends on the client specifically.</p>			<p>equivalent food substitutions and offering them if part of a meal is declined.</p> <p>Person Responsible: QIDP/House Supervisor</p> <p>Date Completed: 12/12/2021</p> <p>The house supervisor will complete an observation of the home three times per week for two months and once a week ongoing. The QIDP will complete an observation of the home once per week for two months and then twice a month on ongoing. Both ensuring equivalent food substitutions are being offered. The observations will be documents and any issues noted will be correct.</p> <p>Person Responsible: House Supervisor/QIDP</p> <p>Date Completed: 12/12/2021</p>

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G752	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2021	
NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 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
	<p>Some have an order to provide a boost or ensure (nutritional supplements) if they don't eat their meal. Sometimes staff offer more of another item to make up for what they didn't eat". The COO stated, "They should be offered an equivalent substitution. Protein for a protein". The ADGH, QIDP and the COO indicated the menu should be followed or equivalent substitutions should be offered.</p> <p>9-3-8(a)</p>				