

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G257	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/29/2014
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 2524 BEECHWOOD CIR FORT WAYNE, IN 46807
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W000000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: May 20, 21, 22, 23, 27, 28 and 29, 2014.</p> <p>Facility number: 000777 Provider number: 15G257 AIM number: 100243390</p> <p>Surveyor: Kathy Wanner, QIDP.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/11/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed to exercise operating direction over the facility by</p>	W000104	Staff #15's human resource file did contain documentation of auto	06/28/2014

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

TITLE

(X6) DATE

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

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	<p>failing to assure all new employees meet pre-employment requirements prior to working in the group home where clients #1, #2, #3, #4 and #5 lived as indicated in 1 of 6 newly hired staff files reviewed.</p> <p>Findings include:</p> <p>Facility employee records were reviewed on 5/21/14 at 9:40 A.M. staff #15's employee file indicated he did not have any vehicle insurance. His Bureau of Motor Vehicles check indicated on 6/25/13 he had a valid drivers license. This affected clients #1, #2, #3, #4 and #5.</p> <p>An interview with the facility Human Resource (HR) staff was conducted on 5/21/14 at 9:45 A.M. The HR staff stated, "He doesn't have any car insurance, I'm not sure how he got his license or hired. It is part of our hiring regulations they all have a valid driver's license and private insurance."</p> <p>An interview was conducted with the group home manager (HM) on 5/22/14 at 6:08 P.M. The HM stated, "He (staff #15) is supposed to get his insurance today. No, he will not drive or work alone until he has insurance."</p> <p>An interview was conducted with the</p>		<p>insurance that expired in January 2014. Staff #15 has provided documentation of current auto insurance</p> <p>Person Responsible: Group Home Supervisor</p> <p>Completion Date: June 2, 2014</p> <p>The human resource department will audit staff files for documentation of auto insurance every month. The human resource department will alert the QIDPs and group home supervisors of any staff with expired auto insurance</p> <p>Person Responsible: Human Resource Supervisor</p> <p>Completion Date: June 28, 2014</p> <p>Any staff person with expired auto insurance will be suspended until documentation of current auto insurance is obtained</p> <p>Person Responsible: QIDP</p> <p>Completion Date: June 28, 2014</p>	

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W000125	<p>Residential Director (RD) on 5/23/14 at 4:07 P.M. the RD stated, "I am not sure how the staff got hired with out insurance, that is an HR requirement."</p> <p>9-3-1(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, the facility failed to ensure 1 of 3 sampled clients (client #3) and 2 of 2 additional clients (clients #4 and #5) were given the choice to work full days at the facility owned and operated sheltered workshop.</p> <p>Findings include:</p> <p>Observations of the facility sheltered workshop were conducted on 5/21/14 from 1:12 P.M. through 2:29 P.M. Clients #3, #4, and #5 were seated in a</p>	W000125	<p>Clients #3, #4, and #5 will be given the option of continuing pay work in the afternoons if it is available. If pay work is not available, staff will give the clients choices of recreational activities such as puzzles, Wii games, crafts, listening to music, or playing board games as well as the choice of participating in the planned activity. Person Responsible: Director of PDG Workshop Completion Date: June 28, 2014 Group home clients will receive an annual vocational assessment. The assessment will include a section where the client can indicate</p>	06/28/2014

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	<p>group in front of a TV watching a movie. During the observation time period client #5 was sleeping in his chair. Observation in the back part of the workshop included clients working on paid work.</p> <p>Workshop Staff (WS) #6 was interviewed on 5/21/14 at 1:25 P.M. WS #6 indicated the facility had changed to a work training center with paid work offered each morning until 11:00 A.M. (lunch time). After lunch the clients separate into groups and participate in other activities. WS #6 stated, "Monday is game day, Tuesday is cards, Wednesday is movie day, Thursday is craft day and Friday is current events." WS #6 stated, "They have more choices now. They never had problems working all day before. I have worked with these guys (clients #3, #4 and #5) for a long time." When asked how it was decided who is given the opportunity to work a full day, WS #6 stated, "Now, that is a good question. Because [client #5], [client #3] and [client #4] have always been good workers. If I knew I would tell you." WS #6 indicated the clients working in the back area of the workshop were mostly younger clients transitioning from school to work.</p> <p>The Group Home Manager (HM) was interviewed on 5/22/14 at 4:51 P.M.</p>		<p>preferences in work and day programming. Person Responsible: QIDP Completion Date: June 28, 2014 The Assistant Director of Supported Living will complete a quarterly audit of client records to ensure that annual vocational assessments are being completed Person Responsible: Assistant Director Supported Living Completion Date: June 28, 2014</p>		

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	<p>"Yes, their paychecks did go down, but they still have enough money to meet their needs/wants. It wasn't decided at their ISP (individual support plan) as I recall. They will pretty much do what is asked of them. I think they are learning some skills from the group activities."</p> <p>Client #3's record was reviewed on 5/23/14 at 1:31 P.M. Client #3's record included an ISP dated 6/28/13. In the person centered plan section it indicated "Likes to work, Won't stop working once he starts." Client #3's record included an ABAS (Adaptive Behavior Assessment System) dated 6/28/13. The vocational area on the ABAS was not filled out. There was no documentation to indicate if client #3 had been offered the choice to continue to work full days at the sheltered workshop.</p> <p>Client #4's record was reviewed on 5/23/14 at 2:05 P.M. Client #4's record included an ISP dated 4/22/14 and an ABAS dated 4/26/13. The vocational area on the ABAS was not filled out. There was no documentation to indicate if client #4 had been offered the choice to continue to work full days at the sheltered workshop.</p> <p>Client #5's record was reviewed on 5/23/14 at 2:15 P.M. Client #5's record</p>			

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W000225	<p>included an ISP dated 4/22/14 in the person centered plan section it indicated "Does good at pay work, Tries new jobs and Good at team work." Client #5's record included an ABAS dated 4/22/14. The vocational area on the ABAS was not filled out. There was no documentation to indicate if client #5 had been offered the choice to continue to work full days at the sheltered workshop.</p> <p>An interview was conducted with the Residential Director (RD) on 5/29/14 at 12:20 P.M. The RD stated, "They didn't have any documentation of the changes at the workshop. They sent out letters. Had an open house to show the new program, and no one came. The clients can choose what activity they want to do in the afternoon, but currently doing paid work is not an offered choice."</p> <p>9-3-2(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on record review and interview, the facility failed to complete</p>	W000225	Client #3 will receive a vocational	06/28/2014			

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	<p>comprehensive functional assessments which included the assessment of vocational skills for 1 of 3 sampled clients (client #3) and 2 of 2 additional clients (clients #4 and #5).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 5/23/14 at 1:31 P.M. Client #3's record included an ABAS (Adaptive Behavior Assessment System) dated 6/28/13. The vocational area on the ABAS was not filled out. There was no other vocational assessment available for review.</p> <p>Client #4's record was reviewed on 5/23/14 at 2:05 P.M. Client #4's record included an ABAS dated 4/26/13. The vocational area on the ABAS was not filled out. There was no other vocational assessment available for review.</p> <p>Client #5's record was reviewed on 5/23/14 at 2:15 P.M. Client #5's record included an ABAS dated 4/22/14. The vocational area on the ABAS was not filled out. There was no other vocational assessment available for review.</p> <p>The Assistant Residential Director (ARD) was interviewed on 5/29/14 at 12:20 P.M. When asked about vocational assessments for clients #3, #4 and #5 the</p>		<p>assessment</p> <p>Person Responsible: QIDP</p> <p>Completion Date: June 28, 2014</p> <p>Group home clients will receive an annual vocational assessment. The assessment will include a section where the client can indicate preferences in work and day programming.</p> <p>Person Responsible: QIDP</p> <p>Completion Date: June 28, 2014</p> <p>The Assistant Director of Supported Living will complete a quarterly audit of client records to ensure that annual vocational assessments are being completed</p> <p>Person Responsible: Assistant Director Supported Living</p> <p>Completion Date: June 28, 2014</p>		

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W000312	<p>ARD stated, "We started doing annual vocational assessments which are completed by the Q (Qualified Intellectual Disabilities Professionals) in April." The ARD provided vocational assessments for client #4 dated 4/22/14 and for client #5 dated 4/22/14 at 5:09 P.M. on 5/29/14.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to include specific criteria as part of a plan of reduction for medication used for the management or elimination of behaviors and/or symptoms of diagnoses and include behavior goals which are attainable as indicated in 1 of 3 sampled clients (client #3) who was prescribed medications for management of behaviors.</p> <p>Findings include:</p>	W000312	<p>The QIDPs will be retrained to write achievable goals and identify a medication to be reduced in behavior support plans</p> <p>Person Responsible: Assistant Director</p> <p>Completion Date: June 28, 2014</p> <p>The program approval form that</p>	06/28/2014

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	<p>Client #3's record was reviewed on 5/23/14 at 1:31 P.M. Client #3's Physician's Order (PO) dated for February 2014 indicated he was prescribed Benzotropine (anti-cholinergics) for side effects, Clozapine (anti-psychotic generic for Clozaril) for obsessive compulsive disorder, and Fluoxetine (anti-depressant generic for Prozac) for depression, and Fluvoxamine (anti-depressant generic for Luvox) for depression. Client #3's Behavior Support Plan (BSP) dated 12/4/13 indicated he had the targeted behaviors of physical aggression to self and others, property destruction, and compulsive behaviors of tying/untying his shoe laces, turning lights on/off, straightening pillows, rewashing clothes, doing/undoing his belt, Velcro strips and being late for meals. The BSP indicated "[Client #3] will have less than 3 incidents of his targeted behaviors per month for 12 consecutive months...if [client #3] has 2 or fewer incidents of his target behaviors per month over a 12 month period, a reduction of his medication will be discussed with his physician."</p> <p>The Residential Director (RD) and Qualified Intellectual Disabilities Professional (QIDP) were interviewed on</p>		<p>is submitted to the human rights committee will be updated to include a section where the QIDP identifies the medication to be reduced.</p> <p>Person Responsible: Assistant Director</p> <p>Completion Date: June 28, 2014</p> <p>Client #3's behavior support plan will be rewritten to include achievable goals and identify a medication for reduction. The plans will be submitted to human rights committee for approval</p> <p>Person Responsible: QIDP</p> <p>Completion Date: June 28, 2014</p>	

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W000336	<p>5/23/14 at 4:07 P.M. and indicated they understood the BSP needed to include goals which are attainable and a specific plan of reduction for medications/behaviors/symptoms of disorders. They indicated client #3's BSP did not include these.</p> <p>9-3-5(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed to provide a quarterly nursing assessment for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 5/23/14 at 12:10 P.M. There was no evidence in client #1's record to indicate the need for a medical care plan. Client #1's record did not include quarterly nursing assessments between the dates of</p>	W000336	<p>The nurses will receive retraining on completing quarterly assessments</p> <p>Person Responsible: Director of Client Health Services</p> <p>Completion Date: June 28, 2014</p> <p>The Assistant Director of Supported Living will complete a</p>	06/28/2014

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W000369	<p>11/20/13 to present.</p> <p>RN #1 was interviewed on 5/23/14 at 4:11 P.M. and indicated there were no additional nursing assessments available to review.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed to assure 1 of 6 medications administered to client #5 was administered without error.</p> <p>Findings include:</p> <p>Observations of the morning medication pass for client #5 was conducted on 5/22/14 between 6:23 A.M. and 6:25 A.M. In addition to his other morning medications client #5 was administered 1 tablet of Omeprazole 20mg (milligrams) for GERD (gastric esophageal reflux disease). The medication order indicated it was to be given 1 hour before breakfast. After client #5 received his medications direct care staff (DCS) #1</p>			W000369	<p>quarterly audit of client records to ensure that quarterly assessments are being completed</p> <p>Person Responsible: Assistant Director Supported Living</p> <p>Completion Date: June 28, 2014</p> <p>Group home staff will be retrained on administering medications. This will include training on following MAR instructions such as whether or not a client may have food after taking medicine</p> <p>Person Responsible: QIDP</p> <p>Completion Date: June 28, 2014</p> <p>All group home staff will participate in a quarterly supervised medication pass with their supervisor</p>		06/28/2014

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W000440	<p>stated, "Go eat your breakfast." Client #5 began to eat his breakfast at 6:35 A.M.</p> <p>An interview was conducted with DCS #1 at 6:27 A.M. When asked if the order on the medication card of Omeprazole indicated client #5 was to wait 1 hour before eating after taking the medication, DCS #1 stated, "Yes, so we should give it to him (client #5) earlier."</p> <p>An interview was conducted with the Assistant Residential Director (ARD) on 5/29/14 at 12:20 P.M. The ARD stated, "That medication was not given correctly."</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed to ensure evacuation drills were completed at least quarterly for each shift at the group home where 3 of 3 sampled clients (clients #1, #2 and #3) and 2 of 2 additional clients (clients #4 and #5) lived.</p>	W000440	<p>Person Responsible: Group home supervisor</p> <p>Completion Date: June 28, 2014</p> <p>The supported living drill schedule will be updated to include quarterly fire and tornado drills on each shift. The schedule will include the specific hour that staff should run the drill</p> <p>Person Responsible: Assistant Director Supported Living</p>	06/28/2014

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	<p>Findings include:</p> <p>Evacuation drills for the past year 5/20/13 through 5/20/14 were reviewed on 5/20/14 at 11:35 A.M. and again on 5/27/14 at 12:00 P.M. A tornado drill for 1/15/14 indicated "overnight shift." The time and length of the drill was not indicated. The fire drills for the night shift were documented as being held on 5/9/13 at 11:00 P.M. and 11/10/13 at 5:00 A.M. Evacuation drills for the overnight hours (10:00 P.M. - 6:00 A.M.) were not held on a quarterly basis.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 5/20/14 at 11:45 A.M. When asked if there were more evacuation drills available for review. AS #1 stated, "Yes, I will double check with the group home manager, but that is all we have here."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the Residential Director(RD) were interviewed on 5/23/14 at 3:45 P.M. The QIDP stated, "Evacuation drills should be done monthly and on every shift." The QIDP stated the times for the drills are 6:00 A.M.-2:00 P.M. for day drills, 2:00 P.M.-10:00 P.M. for evening drills, and 10:00 P.M.-6:00 A.M. for night drills.</p>		<p>Completion Date: June 28, 2014</p> <p>The QIDP will review drill forms to ensure that they were run correctly</p> <p>Person Responsible: QIDP</p> <p>Completion Date: June 28, 2014</p>				

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W009999	<p>9-3-7(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-3 Facility Staffing (e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a mantoux (STU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and</p>	W009999	<p>The Human Resource Department will ensure that all staff transferring to a group home from another department receives a Mantoux test or chest x-ray prior to starting work in a group home</p> <p>Person Responsible: HR Supervisor</p> <p>Completion Date: June 28, 2014</p> <p>The human resource department will audit staff files for proof of annual TB test. The human resource department will alert the QIDPs and group home supervisors of any staff who are</p>	06/28/2014

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	<p>laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure 1 of 6 staff (staff #10) files reviewed had an annual mantoux test in accordance with state law.</p> <p>Findings include:</p> <p>Facility employee records were reviewed on 5/21/14 at 9:40 A.M. and indicated staff #10 had transferred from another department to residential group homes. Staff #10 had last received a Mantoux test given on 3/9/12 and read on 3/12/2012 with a result of 0 millimeters of induration.</p> <p>An interview with the facility Human Resource (HR) staff was conducted on 5/21/14 at 9:45 A.M. The HR staff stated, "No other TB more current she transferred from another department to the group homes."</p> <p>9-3-3(e)</p>		<p>overdue for a TB test</p> <p>Person Responsible: Human Resource Supervisor</p> <p>Completion Date: June 28, 2014</p> <p>Any staff person who is overdue for a TB test will be suspended until proof of Mantoux test or chest x-ray is obtained</p> <p>Person Responsible: QIDP</p> <p>Completion Date: June 28, 2014</p>	

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