

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G760		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012	
NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY SERVICES OF INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 5138 GREENVIEW CT BATTLE GROUND, IN 47920			
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W0000	<p>This survey was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: October 2, 3, 4, and 5, 2012.</p> <p>Facility Number: 0012034 Provider Number: 15G760 AIMS Number: 200970250</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 10/16/12 by Tim Shebel, Medical Surveyor III.</p>			W0000			

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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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 4 of 4 clients (client #1, #2, #3, and #4) which lived in the group home.</p> <p>Findings include:</p> <p>On 10-2-12 from 3:00 p.m. until 5:30 p.m. an observation at the home of clients #1, #2, #3, and #4 was conducted. The blinds in the garage had 7 broken/missing slats. The crock pot lid had no handle on it. The kitchen floor had 6 tiles which were cracked. The green striped chair in the family room by the medication room had black and brown stains on both arms and 2 rips of which one was 10 inch by 3 inches and 4 inches by 1 inch.</p> <p>On 10-4-12 at 11:00 a.m. an interview with the Behavior Clinician indicated the maintenance concerns should be addressed and there were no maintenance requisitions available for review.</p> <p>9-3-1(a)</p>	W0104	<p>A new crock pot has been purchased. Maintenance requests have been sent to replace the tile and the blinds. Maintenance expects these to be corrected by 11/15/12. QDDP has added maintenance checks to weekly monitoring to ensure that all maintenance needs are met.</p>	10/29/2012			

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W0125	<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 for 1 of 2 sampled clients (client #2) to ensure he had a legally sanctioned representative to assist him with his financial and medical needs.</p> <p>Findings include:</p> <p>On 10-2-12 from 3:00 p.m. until 5:30 p.m. an observation at the home of client #2 was conducted. Client #2 used the restroom with the door open and he did not wash his hands after using the restroom, and did not wash his hands before cooking.</p> <p>On 10-3-12 from 6:30 a.m. 8:25 a.m. an observation at the home of client #2 was conducted. Client #2 talked about losing his "brown jacket" for the entire observation. Client #2 did not assist in his medication administration. Direct care staff #3 pushed client #2's bubble pack, squirted his nose spray into his nose for him, and poured and measured his medications.</p> <p>On 10-4-12 at 9:00 a.m. a record review for client #2 was conducted. The Individualized Support Plan (ISP) dated 6-18-12 indicated client #2 was an emancipated adult. The ISP indicated client #2 needed 24 hour staff supervision due to behaviors as well as lacking the ability to ensure health and safety independently. Client #2's Behavior Support Plan dated 7-31-12 indicated he had</p>	W0125	Family of the client has been contacted, agency has been requesting a representative. Clients family member has expressed interest in becoming legal advocate but is finding a attorney that can do legal paperwork pro bono. QDDP will followup with Team monthly, via email, as to the progress for obtaining a legal representative.	10/29/2012			

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	<p>targeted behaviors which included: physical aggression, elopement, and property destruction. The Comprehensive Functional Assessment dated 4-16-12 indicated client #2 needed verbal and physical assistance with meal preparation, verbal and physical assistance with his health and medical needs, physical assistance with his personal safety skills and community skills, physical assistance with his social/affective/behavior skills, and physical assistance with his money management.</p> <p>On 10-4-12 at 11:00 a.m. an interview with the Behavior Specialist indicated client #2 needed assistance with understanding his medications and his finances and he was an emancipated adult.</p> <p>9-3-2(a)</p>			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed for 4 of 4 clients (clients #1, #2, #3, and #4) to ensure they were free from abuse and neglect per the facility's policy.</p> <p>Findings include:</p> <p>On 10-2-12 at 1:45 p.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. The review indicated client to client aggression for the following reports:</p> <p>-A BDDS report dated 9-20-12 indicated client #2 accused his housemate of stealing his belongings for 30 minutes then charged after his housemate (client #1). No injuries were noted.</p> <p>-A BDDS report for client #4 dated 1-1-12 indicated he hit client #1 in the head 2 times. No injuries were noted.</p> <p>-A BDDS report for client #4 dated 3-16-12 indicated he hit client #1 in the face with a closed fist. No injuries were noted.</p> <p>-A BDDS report for client #4 dated 4-3-12 indicated he hit client #3 with a closed fist in the back of the head. No injuries were noted.</p> <p>-A BDDS report for client #4 dated 4-21-12 indicated he hit client #2 in the head several times. No injuries were noted.</p> <p>On 10-2-12 at 2:50 p.m. a review of the facility's abuse/neglect policy dated 3-12 indicated all clients would be treated with dignity and respect and all clients would be protected from abuse, neglect, exploitation, and mistreatment.</p>	W0149	After the april incidents a new system was put in place to examine and prevent client to client abuse. All incidences of client to client abuse are investigated to examine ways of preventing. Due to the functioning level of clients in this home, it is sometimes difficult to determine if a client is going to strike another client. Any potential client to client abuse is prevented.QDDP will complete investigation form after any client to client abuse to ensure that every effort is being maintained to prevent client to client abuse.	10/29/2012			

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	<p>On 10-4-12 at 11:00 a.m. an interview with the Behavior Specialist indicated the facility's abuse/neglect policy should be implemented at all times and clients should be free from mistreatment.</p> <p>9-3-2(a)</p>				

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 4 of 4 clients (clients #1, #2, #3, and #4) to ensure all allegations of client to client aggressions were thoroughly investigated.</p> <p>Findings include:</p> <p>On 10-2-12 at 1:45 p.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. The review indicated there were no investigations completed for the following client to client aggressions:</p> <p>-A BDDS report dated 9-20-12 indicated client #2 accused his housemate of stealing his belongings for 30 minutes then charged after his housemate (client #1). No injuries were noted.</p> <p>-A BDDS report for client #4 dated 1-1-12 indicated he hit client #1 in the head 2 times. No injuries were noted.</p> <p>-A BDDS report for client #4 dated 3-16-12 indicated he hit client #1 in the face with a closed fist. No injuries were noted.</p> <p>-A BDDS report for client #4 dated 4-3-12 indicated he hit client #3 with a closed fist in the back of the head. No injuries were noted.</p> <p>-A BDDS report for client #4 dated 4-21-12 indicated he hit client #2 in the head several times. No injuries were noted.</p> <p>On 10-3-12 at 10:35 a.m. an interview with the Director of Operations indicated there were no investigations available for review for the client to client aggressions reviewed.</p> <p>9-3-2(a)</p>	W0154	<p>After the april incidents a new system was put in place to examine and prevent client to client abuse. All incidences of client to client abuse are investigated to examine ways of preventing. Due to the functioning level of clients in this home, it is sometimes difficult to determine if a client is going to strike another client. Any potential client to client abuse is prevented.QDDP will complete investigation form after any client to client abuse to ensure that every effort is being maintained to prevent client to client abuse.</p>	10/29/2012			

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W0221	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include auditory functioning.</p> <p>Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #2) to ensure he had a hearing evaluation within 30 days of admission.</p> <p>Findings include:</p> <p>On 10-4-12 at 9:00 a.m. a record review for client #2 was conducted. The annual physical dated 4-16-12 did not indicate client #2's hearing had been evaluated. There was no hearing evaluation/assessment available for review. The Individualized Support Plan dated 6-18-12 indicated client #2 moved into his home on 4-13-12.</p> <p>On 10-4-12 at 11:00 a.m. an interview with the Behavior Specialist indicated client #2 did move in on 4-13-12 and there was no hearing evaluation available for review.</p> <p>9-3-4(a)</p>	W0221	<p>Any new admission will receive a hearing evaluation per medicaid rules upon admission. Client missing evaluation has an evaluation scheduled 12/12/12. Although medicaid only pays every three years for hearing evaluations, Hearing Evaluations will completed annually and within 30 days of Admission unless otherwise stated. Health Care coordinator will followup through weekly visits and through monthly reports.</p>	10/29/2012

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W0247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 2 sampled clients (client #1) to ensure he had a choice of when to use his kitchen and when to have a drink.</p> <p>Findings include:</p> <p>On 10-2-12 from 3:00 p.m. until 5:30 p.m. an observation at the home of client #1 was conducted. At 4:45 p.m. client #1 filled his cup with ice and attempted to get himself a glass of tea but direct care staff (DCS) #8 and #9 told him it was for supper. DCS #9 prompted client #1 to put the lid on his cup and indicated he could get a drink at supper. Client #1 was then prompted by DCS #9 to stay out of the kitchen. At 5:10 p.m. client #1 tried to go into his kitchen and DCS #9 told him he couldn't go into the kitchen. At 5:15 p.m. client #1 attempted to enter his kitchen when DCS #9 told his to say out of the kitchen because DCS #8 was trying to cook. Client #1 again tried to enter his kitchen and DCS #9 indicated to him DCS #8 would take care of the kitchen work.</p> <p>On 10-3-12 from 6:30 a.m. until 9:30 a.m. an observation for client #1 was conducted. At 6:45 a.m. client #1 asked for a drink. DCS #7 told client #1 it was to early for a drink.</p> <p>On 10-4-12 at 10:00 a.m. a record review for client #1 was conducted. The Individualized Support Plan (ISP) dated 6-20-12 did not indicate client #1 was on a liquid restriction or that client #1 was not allowed to enter his kitchen.</p> <p>On 10-4-12 at 11:00 a.m. an interview with the</p>	W0247	Staff were reminded as a result of this survey to redirect but not deny food or drink when a client requests. QDDP will conduct weekly observations to ensure that clients are not being restricted of any food or drink.	10/29/2012			

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W0356	<p>Behavior Specialist indicated client #1 should have the choice of when to get a drink of tea or when to go into his kitchen.</p> <p>9-3-4(a) 483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #1) to ensure dental recommendations for decaying teeth were care for.</p> <p>Findings include:</p> <p>On 10-4-12 at 10:00 a.m. a record review for client #1 was conducted. The dental exam form dated 5-23-12 indicated the dentist gave a recommendation to follow up with adult dental care due to decay on multiple teeth with sedation.</p> <p>On 10-4-12 at 11:00 a.m. an interview with the Behavior Specialist indicated a follow up for the appointment on 5-23-12 to repair client #1's cavities had not yet been scheduled.</p> <p>9-3-6(a)</p>	W0356	Agency is waiting on medicaid prior approval and a qualified dentist to complete needed followup. Client requires sedation for dental procedures. Health Care Coordinator will followup to ensure recommendations are being followed. Health Care coordinator will followup monthly through montly reports on all dental needs.	10/29/2012	

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>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 for 1 of 2 sampled clients (client #2) to ensure he received his medication (nasal sprays) without error.</p> <p>Findings include:</p> <p>On 10-3-12 at 7:12 a.m. a medication administration for client #2 was observed. Direct care staff (DCS) #3 squirted 1 squirt of Azelastine 137 mcg and 1 squirt of his Fluticason 50 mcg into each nostril for client #2.</p> <p>On 10-4-12 at 10:00 a.m. a record review for client #1 was conducted. The physicians orders dated 9-26-12 indicated client #2 was to have 2 squirts of his Azelastine 137 mcg and 2 squirts of his Fluticason 50 mcg into each nostril.</p> <p>On 10-4-12 at 11:00 a.m. an interview with the Behavior Specialist indicated physician orders should be followed and client #2 should have received 2 squirts into each nostril instead of just 1 per nostril.</p> <p>9-3-6(a)</p>	W0369	Staff responsible for this tag has been retrained on following physician recommendations when passing medications. Health Care coordinator will evaluate weekly during observations to ensure that proper medication pass is being followed. QDDP will evaluate effectiveness of training during weekly observations.	10/29/2012	

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed for 1 of 2 sampled clients (client #2) to ensure he washed his hands after using the restroom and assisting with meal preparation.</p> <p>Findings include:</p> <p>On 10-2-12 from 3:00 p.m. until 5:30 p.m. an observation at the home of client #2 was conducted. At 3:30 p.m. client #2 walked into his restroom and used the toilet. Client #2 did not shut the door and direct care staff (DCS) #8 stood outside the bathroom door. Client #2 used the restroom and didn't wash his hands and was not prompted by DCS #8 to wash his hands. At 4:30 p.m. client #2 stirred the sugar into the tea and added ice cubes using his hands and a measuring cup. DCS #8 did not prompt client #2 to wash his hands before assisting with the tea. At 4:45 p.m. client #2 assisted with setting the table with no handwashing.</p> <p>On 10-4-12 at 11:00 a.m. an interview with the Behavior Specialist indicated client #2 should be prompted to wash his hands after using the restroom and before assisting with meal preparation.</p> <p>9-3-7(a)</p>	W0455	Staff were verbally retrained during this survey to remind all clients to wash their hands after using the restroom, before cooking, and before having contact with others. QDDP will evaluate effectiveness of training during weekly observations.	10/29/2012			

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 2 sampled clients (clients #1 and #2) and 2 additional clients (clients #3 and #4) to ensure they participated in meal preparation consistent with their developmental level.</p> <p>Findings include:</p> <p>On 10-2-12 from 3:00 p.m. until 5:30 p.m. an observation at the home of clients #1, #2, #3, and #4 was conducted. Direct care staff (DCS) #8 indicated DCS #9 had cut the potatoes up for the supper meal and the day shift had put the food in the crock pot for supper since it would take 8 hours to cook. DCS #8 turned the stove on and put a pan of cut up potatoes on the stove. DCS #8 opened 2 cans of pineapple and poured one into a bowl. Client #4 entered the kitchen but was prompted by DCS #6 to leave the kitchen. Client #2 entered the kitchen and poured the 2nd can of pineapple into the bowl. Client #3 put the biscuits on a tray. DCS #8 poured the potatoes into the strainer, client #2 poured the potatoes into the bowl, then DCS #8 got the mixer out and smashed the potatoes. Direct care staff #9 placed the silverware on the table. DCS #8 placed the roast in a serving dish. Client #4 watched through the kitchen window as DCS #8 prepared the supper meal. DCS #8 placed the biscuits in a bowl and took them to the dinner table. DCS #8 took the salt to the table. DCS #9 poured clients #2 and #4's drinks for them. DCS #8 placed the meat and vegetables on client #1, #2, and #3's plates for them. DCS #9 placed the potatoes on clients #1, #2, and #3's plates for them. DCS #8 put the</p>	W0488	Staff received training during house meeting on ways to include all clients in meal preparation. QDDP will evaluate effectiveness of training during weekly observations.	10/29/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G760	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012
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	<p>pineapple on client #2's plate for him. DCS #9 placed a biscuit on clients #1, #2, #3, and #4's plate for them. DCS #6 made client #4's plate for him. DCS #8 put jelly on the biscuit for client #2. Client #2 asked for ketchup and DCS #8 went to the kitchen , got the ketchup and put it on client #2's meat and potatoes for him. DCS #8 put ketchup on client #1's potatoes for him. DCS #8 placed the pineapple in the dessert dish for client #3. DCS #9 put the butter on client #1's biscuit for him. Clients #1, #2, #3, and #4 all ate independently.</p> <p>On 10-4-12 at 10:00 a.m. a record review for client #1 was conducted. The Comprehensive Functional Assessment (CFA) dated 11-14-11 indicated client #1 could assist with making his plate and with meal preparation with assistance.</p> <p>On 10-4-12 at 9:00 a.m. a record review for client #2 was conducted. The CFA dated 4-16-12 indicated client #2 could assist with making his plate and with meal preparation with assistance.</p> <p>On 10-4-12 at 11:00 a.m. an interview with the Behavior Specialist indicated clients #1, #2, #3, and #4, should assist with making their own plates and with meal preparation and were capable of helping.</p> <p>9-3-8(a)</p>				