

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G222	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/11/2014
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NAME OF PROVIDER OR SUPPLIER  LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1602 ORKNEY DR SOUTH BEND, IN 46614
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: July 1, 2, 3, and 11, 2014.</p> <p>Facility number: 000746 Provider number: 15G222 AIM number: 100234830</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/22/14 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.</p>	W000104		08/10/2014

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>Based on observation and interview for 7 of 7 clients living at the group home (#1, #2, #3, #4, #5, #6, and #7), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility was maintained in good repair.</p> <p>Findings include:</p> <p>On 7/1/14 between 3:35 PM to 6:25 PM and on 7/2/14 between 6:30 AM and 8:13 AM, group home observations were conducted. The interior side of the door into the garage from the living area was marred and scratched. The book shelf near the door had one shelf which had fallen down. The trim in the doorway threshold into the medication room was scratched and worn. At the top of the stairs was a floor mat with the cloth corners curling up. The bathroom upstairs nearest the stairwell had a rusted floor heat register, a trim piece missing by the bathroom vanity in the corner and the sink faucet was dripping. The ledge of the bathroom sink had an unlabeled, uncovered bar soap directly on the surface. Around the door area of the bathroom, the paint was chipped. The ceiling fan cover was rusted.</p> <p>The bathroom in the last bedroom had two dusty vertical window blinds, one</p>		<p>The entire family room, including the door to the garage, and the trim around the door to the medication room has been painted. The bookshelf with the remaining broken shelf was removed. The floor mat at the top of the stairs was replaced.</p> <p>The bathroom upstairs nearest the stairwell has been caulked and painted, the heat register and fan cover replaced, trim piece replaced/repared and the faucet repaired. Soap dispensers are in place in the bathroom.</p> <p>The bathroom in the last bedroom has had replacement blinds installed, the plastic shelving has been removed, a new toilet paper holder installed, the shower curtain has been replaced, the towel bars repaired, and the entire bathroom has been repainted including the interior and exterior of the cabinet.</p> <p>The laundry room blinds were replaced. The rusty furniture on the front porch has been removed.</p>				

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	<p>blind was also tangled. The plastic shelving unit was cracked with a sharp plastic edge exposed at the top of the plastic corner post. The bathroom was missing the toilet paper dispenser and only had the base brackets still screwed into the wall. The interior of the built-in cabinet which contained personal hygiene items was chipped and worn throughout the interior and the surfaces of each of the painted shelves. The grout surrounding the bathtub on the floor was discolored. The towel bar and one of the towel bar brackets were missing on the interior of the bathroom door. The shower curtain was rusted throughout. A couple of patched areas on the wall in the bathroom next to the door had been painted the wrong color.</p> <p>The outdoor seating area by the front door of the home had two small white metal tables which were rusty. Three outdoor painted metal chairs were rusted on the edge of the seat. The laundry room blinds which were visible from the outside the front door were broken, bent, and tangled in areas.</p> <p>During an interview on 7/3/14 at 11:47 AM, the QIDP (Qualified Intellectual Disabilities Professional) indicated maintenance issues should be completed promptly at the group home where</p>		<p>In the future, the Program Coordinator will routinely replace items that are stained and in poor condition such as, but not limited to; shower curtains, floor mats, blinds, etc. The Program Coordinator will utilize the inter-agency electronic SYS-AID system and report maintenance issues that need repair in a timely manner. Additionally, during announced and unannounced visits by various management staff, a walk through will be completed with a focus to identify any maintenance issues and then reported using the SYS-AID system in a timely manner. Maintenance staff will respond to the repair requests in a timely manner.</p> <p>Persons Responsible:</p> <p>Director of Maintenance</p> <p>Program Coordinator</p> <p>QIDP</p> <p>Director of Residential</p> <p>Director of Quality Assurance</p>	

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W000210	<p>Clients #1, #2, #3, #4, #5, #6, and #7 reside.</p> <p>9-3-1(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review, and interview for 1 of 4 sampled clients (Client #3), the facility failed to ensure a speech evaluation was current based on need.</p> <p>Findings include:</p> <p>On 7/1/14 between 3:35 PM to 6:25 PM and on 7/2/14 between 6:30 AM and 8:13 AM, group home observations were conducted. During the observations, Client #3 did not articulate clearly and spoke with a stutter. Client #3 had to repeat himself often to be understood.</p> <p>On 7/3/14 at 1:24 PM, record review indicated Client #3's diagnosis included, but was not limited to, intellectual</p>	W000210	<p>A referral for a speech evaluation has been requested from client #3's primary physician. Once the referral is received, the evaluation will be scheduled and completed. Recommendations from the evaluation will be addressed through training goals. Until client#3 is able to have a formal evaluation, his team has agreed that a communication goal would be appropriate and the QIDP had put one in place for staff to implement with client #3. In the future, the QIDP will review the need for evaluations, such as, but not limited to; speech, OT, PT, etc. when there is a change in status for a client or at the annual ISP meetings for each client. This will ensure that if the needs of the individual have changed, the evaluations can be done in a timely manner to address the deficits/needs</p>	08/10/2014

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	<p>disabilities. Client #3's ISP (Individual Support Plan) dated 8/6/13 indicated "[Client #3] sometimes has difficulty being understood. If this occurs, he writes down what he is saying."</p> <p>Record review indicated Client #3's last speech evaluation was dated 4/15/02. Client #3's speech evaluation indicated Client #3 had moderate "sound distortions." The speech evaluation indicated Client #3 had moderate "fluency" impairment with "whole word repetitions noted, most difficulty at beginning of statement." The evaluation indicated "Ct (client) presents with moderate - severe speech production deficits, mild - moderate verbal expression deficits." The evaluation indicated "client would benefit from further evaluation to see if he would be appropriate for an augmentative/alternate communication system."</p> <p>On 7/3/14 at 11:47 AM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated Client #3's speech evaluation was not current. The QIDP indicated Client #3's speech evaluation dated 4/15/02 was his last speech evaluation. The QIDP indicated Client #3 needed an updated speech evaluation.</p>		through programming/services to the client. Person Responsible: QIDP		

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W000322	<p>9-3-4(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed to ensure an annual physical was completed for 1 of 4 sampled clients (#1).</p> <p>Findings include:</p> <p>On 7/3/14 at 11:15 AM, record review indicated Client #1 had diagnoses which included, but were not limited to, developmental disabilities, hypoparathyroidism (a rare condition whereas the body secretes abnormally low levels of the parathyroid hormone), hyperlipidemia (high cholesterol), anxiety, depression, schizoaffective disorder, and chronic kidney disease. Record review indicated Client #1's last physical was 5/10/13.</p> <p>On 7/3/14 at 11:47 AM during an interview, the QIDP (Qualified Intellectual Disabilities Professional)</p>	W000322	<p>A physical exam was performed on client #1 on July 14, 2014. Completed and signed paperwork from this appointment will be filed and available for review upon request.</p> <p>In the future, the QIDP and/or nurse will perform quarterly audits of clients' medical appointments to ensure that no appointments/screenings have not been missed and completed in a timely manner.</p> <p><b>Persons Responsible:</b> QIDP  Nurse</p>	08/10/2014			

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	indicated Client #1's last annual physical was 5/10/13. The QIDP indicated Client #1's annual physical was overdue.  9-3-6(a)				