

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G748	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/06/2012
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NAME OF PROVIDER OR SUPPLIER  SPECTRUM COMMUNITY SERVICES OF INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929
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W0000	<p>This visit was a post certification revisit to a fundamental recertification and state licensure survey conducted on April 11, 2012.</p> <p>Dates of Survey: July 5 and 6, 2012.</p> <p>Facility number: 011602 Provider number: 15G748 AIM number: 200903760</p> <p>Surveyors: Tracy Brumbaugh, Medical Surveyor III-Team Leader Amber Bloss, Medical Surveyor III</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/12/12 by Ruth Shackelford, 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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W0249	<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, the facility failed for 1 of 2 sampled clients (client #1) to ensure his Behavior Support Plan (BSP) was implemented as written.</p> <p>Findings include:</p> <p>On 7-5-12 from 1:00 p.m. until 7:30 p.m. an observation at the home of client #1 was conducted. At 6:00 p.m. client #1 went outside, sat in a chair, pulled a lighter out of his pocket, and lit his cigarette. The Qualified Mental Retardation Professional (QMRP) went outside and talked with client #1 and asked him for the lighter. Client #1 gave the QMRP the lighter after several verbal prompts.</p> <p>On 7-5-12 at 2:00 p.m. a record review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. A BDDS report for client #1 dated 6-25-12 indicated he had gone outside to smoke a cigarette and had</p>	W0249	<p>This agency wishes to note that the behavior plan reviewed during this revisit was not able to be fully utilized due to the guardian not replying to team meeting requests, discussions about behavior plans, or to notices sent to them. Guardian also disagreed with any behavioral approach. BDDS has been involved in assisting with getting the guardian to comply with treatment methodologies. A Team meeting was held on 7/13/12 and Guardian gave approval to use the attached behavior plan which details searches. After approvals were given, staff were trained on 7/18/12 on full implementation of the behavior support plan. Documentation is being completed each shift and randomly to ensure that Client #1's plan is being implemented consistently.</p>	07/18/2012			

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	<p>started a fire on the back deck with a towel he had taken from the hamper. The BDDS report indicated all lighters would be removed to ensure the safety of everyone in the home.</p> <p>On 7-5-12 at 7:00 p.m. a review of client #1's BSP was conducted. The BSP with a revision date of 6-25-12 indicated client #1's cigarette lighters would be kept by staff, staff would keep them in the office, and they would be locked in the office. The BSP also indicated room sweeps/searches would be done every shift.</p> <p>On 7-5-12 at 6:15 p.m. an interview with client #1 was conducted. Client #1 would not state where he obtained the lighter but stated "he had his way" of getting one, then he winked.</p> <p>On 7-5-12 at 6:25 p.m. an interview with the Qualified Mental Retardation Professional, the House Manager, and Direct Care Staff #5 indicated they did not know where client #1 may have gotten the lighter. The QMRP also indicated he had no documentation to show room sweeps/searches had been conducted each shift per client #1's BSP to ensure no unsafe items were in client #1's room.</p>				

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