

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G757	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/24/2012
NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY SERVICES OF INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 304 3RD ST FLORA, IN 46929		
(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	
W0000	<p>This visit was for a post certification revisit (pcr) to complaint #IN00098051 conducted on 10-25-11. This visit was done in conjunction with the fundamental recertification and state licensure survey.</p> <p>Complaint #IN00098051: Not Corrected</p> <p>Dates of Survey: February 20, 21, 22, 23, and 24, 2012</p> <p>Facility number: 011817 Provider number: 15G757 AIM number: 200940180</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality review completed on 3/04/2012 by Dotty Walton, 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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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.</p> <p>Based on record review and interview the facility failed for 3 of 4 clients (clients B, C, and D) who lived in the home, to ensure they were free of abuse/neglect per the facility's policy for 2 of 2 Bureau of Developmental Disabilities Services (BDDS) reports regarding abuse/neglect.</p> <p>Findings include:</p> <p>On 2-20-12 at 11:30 a.m. a record review of the facility's BDDS reports indicated the following:</p> <p>-A BDDS report dated 9-26-11 for client B indicated direct care staff (dcs) #25 was sleeping between 11:00 p.m. and 3:00 a.m. and staff violated the abuse/neglect policy.</p> <p>-A BDDS report dated 1-16-12 for clients C and D indicated dcs #26 was sleeping on the job. Dcs #26 was terminated for neglect.</p> <p>On 2-21-12 at 9:20 a.m. a review of the facility's Abuse/Neglect policy (no date available) was conducted. The policy indicated any person receiving services and supports would be assured protection</p>	W0149	<p>All direct care professionals are trained on Abuse, Neglect, and Exploitation up on hire and annually. The direct care staff involved in the listed incidents were terminated as a result of sleeping, agency policy was followed.</p> <p>Monthly overnight drop in visits have occurred to ensure that all staff on overnight shifts are active and productive.</p> <p>Spectrum Community Services will continue to discipline any staff that are found sleeping on shift, this disciplinary action could lead to termination.</p> <p>The incident report filed on 1/16/12 for the staff sleeping was completed even though that staff was not responsible for client care, the staff was shadowing to begin working direct care the following week.</p>	02/24/2012	

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	<p>from abuse, neglect, and exploitation.</p> <p>On 2-21-12 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional (QMRP) indicated dcs #25 and #26 did not follow the facility's abuse/neglect policy by sleeping at work.</p> <p>This federal tag relates to complaint #IN00098051.</p> <p>This deficiency was cited on 10-25-11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>						