

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G679		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/09/2012	
NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1917 WALNUT ST SOUTH BEND, IN 46616			
(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 fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 7, 8, and 9, 2012</p> <p>Facility number: 000688 Provider number: 15G679 AIM number: 100234470</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed on 2/15/2012 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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W0323	<p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed to have 1 of 4 sampled clients (client #2's) vision screened within one calendar year.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 2/8/12 at 9:07 A.M. The review indicated client #2's last vision screening was conducted on 10/5/10.</p> <p>QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/8/12 at 10:20 A.M. QMRP #1 indicated client #2's most current vision screening was conducted on 10/5/10.</p> <p>9-3-6(a)</p>	W0323	<p>Client #2's PCP did not document that he checked Client #2's eye/overall eye health at his annual physical. The PCP dictates his notes and then sends a copy to the agency. In the future we will make a formal request for the PCP to include information regarding eye/overall eye health in his dictated notes at annual physical appointments. A vision exam has been scheduled for April 6th, 2012 at 10:30 am for Client #2 to assess his vision and overall eye health. This was absolutely the earliest an appointment could be obtained. Any recommendations from this appointment will be addressed in a timely manner. Persons Responsible: Nurse QMRP</p>	03/10/2012	