

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G448	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2015
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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 907 COTTAGE GROVE SOUTH BEND, IN 46628
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: July 9, 10, 13, 15, and 28, 2015.</p> <p>Facility number: 000962 Provider number: 15G448 AIM number: 100249360</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview, the facility failed to update a client's ISP (Individual Support Plan) to include</p>	W 0227	The behavior support plan for client #2 was revised and	08/27/2015

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>inappropriate sexual contact for 1 of 4 sampled clients (#2).</p> <p>Findings include:</p> <p>On 7/9/15 at 4:04 PM, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 5/6/15 to 7/9/15 were reviewed. A BDDS report dated 6/10/15 indicated "On 6/10/15 while waiting to see his counselor, [Client #6] reported to the group home staff that [Client #2], one of his housemates, had put his hands down his pants and touched his penis. The group home staff immediately contacted the QIDP (Qualified Intellectual Disabilities Professional). The QIDP instructed the staff to inform [Client #6]'s counselor of this information. After counseling, [Client #6] discussed the incident with the QIDP and a formal investigation was started." The BDDS report indicated "To ensure that an incident like this does not occur again, [Client #2] will be moved downstairs to the first floor of the group home where staff can monitor him more closely. The staff will complete documented checks every half hour on [Client #2] to ensure his whereabouts in the house. The QIDP will explore personal counseling options for [Client #2]. [Client #6] will continue his counseling. The QIDP and the Director of</p>		<p>approved by the HRC on August 10, 2015. The plan identifies precursory behavior that could lead to the initiation or participation in inappropriate sexual behavior. The plan includes instruction on how the staff should respond and address incidents of inappropriate sexual behavior in an effort to prevent further occurrences. The plan also includes the appropriate procedure for reporting incidents of this type. The staff will be trained at the upcoming staff meeting on August 19, 2015 and the plan will be implemented at this time. The Program Coordinator will have a date for an individual counseling assessment on August 14, 2015. Client #2 will receive individual counseling as deemed necessary based on this initial assessment.</p> <p>In the future, the QIDP will ensure that behavior support plans are approved by the HRC in a timely manner so</p>	

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	<p>Quality assurance will complete the investigation per company policy."</p> <p>The BDDS follow up dated 6/17/15 indicated "There have been no further incidents between [Client #2] and [Client #6]. After speaking with both [Client #2] and [Client #6] in further detail about the incident, both men agreed that [Client #2] initiated the action, [Client #6] agreed with it and they both planned where it would occur. [Client #6] was curious but when he decided to tell the staff and his counselor about the incident. When the QIDP spoke with [Client #2] about the incident and that it was not acceptable and could not occur again, [Client #2] acknowledged that he understood. The QIDP also spoke with [Client #6] about the importance of reporting things to staff that he is not comfortable with or not sure about. He also acknowledged that he understood." The follow up indicated "[Client #2] has permanently moved to the first floor of the house where he can be better monitored. The staff continue to complete documented checks every half hour to ensure [Client #2]'s whereabouts in the house. Because [Client #2] initiated this action, his behavior plan is being revised to include this type of behavior and how staff should respond and address in a consistent manner in effort to prevent reoccurrence. [Client #6]</p>		<p>that the plan can be implemented in a timely fashion. The QIDP will also review monthly documentation of the behavior support plan and modify the plan as necessary.</p> <p>Person Responsible: QIDP/Program Manager</p>	

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	<p>continues with his regular individual counseling and the Program Coordinator is working to set up an initial assessment and [client #2] will receive counseling, as appropriate based on the outcome of the assessment."</p> <p>On 7/13/15 at 2:39 PM, record review indicated Client #2's diagnoses included, but were not limited to, mild intellectual disabilities, ADHD (Attention Deficit Hyperactivity Disorder), impulse control disorder, mild fetal alcohol syndrome, and tremors. Client #2's ISP (Individual Support Plan) dated 10/2/14 included a BSP (Behavior Support Plan) dated 9/16/14. Client #2's BSP indicated the targeted behaviors of verbal aggression, physical aggression towards others, giving inaccurate information, invading others personal space, taking/using items that do not belong to him, bullying or attempting to persuade others to do things. Client #2's BSP was not revised since the 6/10/15 incident to indicate "how staff should respond and address in a consistent manner in effort to prevent reoccurrence" and/or include inappropriate sexual behavior as indicated by the BDDS report follow up dated 6/17/15.</p> <p>On 7/15/15 at 11:06 AM during an interview, the QIDP (Qualified</p>			

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	Intellectual Disabilities Professional) indicated in an email "[Client #2]'s behavior plan is the most current that the staff have access to. The revisions have not gone through HRC (Human Rights Committee) yet so what you have is the most current." 9-3-4(a)			