

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 08/23/2013
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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: August 19, 20, 21, 22, and 23, 2013.</p> <p>Facility number: 000746 Provider number: 15G222 AIM number: 100234830</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/3/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise operating direction over the facility to keep light fixtures clean for 4 of 4 sampled clients (clients #1, #2, #3, and #4), and 3 additional clients (clients #5, #6, and #7).</p> <p>Findings include:</p> <p>The group home where clients #1, #2, #3, #4, #5, #6, and #7 resided was observed on 8/20/13 from 3:15 P.M. until 5:30 P.M. The plastic covers of the ceiling light fixtures in the kitchen had dead insects on them.</p> <p>House manager #1 was interviewed on 8/21/13 at 7:29 A.M. House manager #1 indicated the facility's maintenance department was in charge of cleaning the light fixtures. House manager #1 further indicated she had no recollection of a work order being submitted for the kitchen light fixtures to be cleaned.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/22/13 at 11:07 A.M.. QIDP #1 indicated the kitchen light fixtures should</p>	W000104	<p>A work order was submitted by the Director of Quality Assurance on 9/5 /13 to have the dead bugs cleaned out of the plastic covers of the ceiling light fixtures in the kitchen. The work order was completed on 9/11/2013. All staff has been advised to continue to monitor the cleanliness of the homes and to complete maintenance request when things are broken, dirty, and/or not in proper working condition. Program manager/QIDP and Program Coordinator will make sure that such requests are getting completed (repaired/cleaned) as needed. In the future, all maintenance issues and items not functioning properly and/or in need of repair/cleaning will be reported to the maintenance department verbally and/or by the internal electronic SYSAID system. The Director of Maintenance will receive, evaluate, and address in a timely manner. In addition to notifying maintenance and utilizing SYSAID; during routine visits the Program Manager and Director of Quality Assurance will be observant and notify maintenance of anything that is in need of repair/cleaning verbally and/or by utilizing the SYSAID system. Program Coordinator and</p>	09/22/2013			

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	<p>be cleaned and house staff needed to submit a work order for the light fixtures to be cleaned.</p> <p>9-3-1(a)</p>		<p>Program Manager will continue to monitor and ensure that light fixtures are in good condition (kept clean of insects, dust, and/or cobwebs). Persons Responsible: Director of Maintenance; Program Manager/QIDP; Program Coordinator</p>		

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to assure psychotropic drug usage was addressed in the Individual Program Plan for 1 of 2 sampled clients (client #4) with a Behavior Management Program.</p> <p>Findings include:</p> <p>Client #4's records were reviewed on 8/22/13 at 10:01 A.M.. A review of the client's 8/13 Medication Administration Record indicated client #4 was receiving Risperdone 1 milligram tablet three times a day (anti-psychosis medication) for psychiatric behaviors.</p> <p>Client #4's records were further reviewed on 8/22/13 at 10:21 A.M.. A review of the client's 5/8/13 Individual Program Plan and his 5/8/13 Behavior Management Program failed to indicate client #4's use, and possible future reduction in use, of the Risperdone was addressed.</p> <p>QIDP (Qualified Intellectual Disabilities)</p>	W000312	The Behavior Management Plan for Client #4 was approved by the Human Rights Committee on August 29, 2013. A medication reduction plan is included in this Behavior Management Plan. It is noted that the plan was revised and had been approved by Client #4's team at the time of the survey but the meeting to receive HRC approval had been postponed until August 29, 2013. Prior approval for all medication changes documented in this plan was received from the Human Rights Committee via email before implementation. In the future, the QIDP will regularly review and monitor to ensure the Behavior Management Plan is appropriately implemented and that all medications are accurately listed and a reduction of medications is addressed as written in the plan. Revisions of the plan will be completed as necessary. Person responsible: Program Manager/QIDP	09/22/2013	

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	<p>Professional) #1 was interviewed on 8/22/13 at 11:07 A.M.. QIDP #1 indicated client #4's use, and possible future reduction in use, of Risperdone had not been incorporated into his Behavior Management Plan.</p> <p>9-3-5(a)</p>				

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W000441	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. Based on record review and interview, the facility failed to conduct evacuation drills for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7) during over night hours.</p> <p>Findings include:</p> <p>The facility's evacuation drills, from 7/1/12 to 8/19/13, were reviewed on 8/19/13 at 11:58 A.M.. The review failed to indicate clients #1, #2, #3, #4, #5, #6, and #7 participated in evacuation drills, during over night shift, between the hours of 11:00 P.M. and 5:03 A.M., during the period of 7/1/12 through 7/1/13.</p> <p>House manager #1 was interviewed on 8/21/13 at 7:29 A.M. House manager #1 stated clients #1, #2, #3, #4, #5, #6, and #7 "had difficulty getting up during the night to complete the drills, but this has been addressed."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/22/13 at 11:07 A.M.. QIDP #1 stated evacuation drills during the over night hours "should be done."</p>	W000441	<p>There is a schedule in place at the group home and staff are assigned to run evacuation drills on specific days and shifts. If the evacuation drills are missed the staff will make up the missed drill as soon as possible. The evacuation drills are tracked by the group living administrative assistant and a report is generated in order to avoid missing drills on each shift. Overnight evacuation drills had been completed in March, April, May and June of 2013. However, they had not been completed between the designated hours of 11 PM and 5 AM. Overnight evacuation drills will be completed under varied conditions which will include the designated hours of 11 PM and 5 AM. In the future, the QIDP and the Program Coordinator will monitor when drills are completed through the report generated by the administrative assistant to ensure that evacuation drills are completed under varied conditions to include the hours between 11 PM -5 AM Persons Responsible: Program Coordinator; Program Manager/QIDP</p>	09/22/2013			

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	9-3-7(a)				

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W000455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to assure 1 of 3 additional clients (client #5) washed his hands prior to handling rolls for the evening meal.</p> <p>Findings include:</p> <p>Client #5 was observed during the group home observation period on 8/19/13 from 3:15 P.M. until 5:30 P.M.. At 3:55 P.M., client #5 came from his bedroom and into the kitchen. House manager #1 prompted client #5 to get a bag of rolls and place the rolls into a serving bowl. Client #5 placed the rolls, one at a time, into a serving bowl. Client #5 was not observed to wash his hands prior to handling the rolls nor did House manager #1 prompt or assist client #5 to wash his hands.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/22/13 at 11:07 A.M.. QIDP #1 indicated House manager #1 should have assured Client #5 washed his hands before handling rolls by using verbal prompting or assistance.</p> <p>9-3-7(a)</p>	W000455	<p>To serve as a reminder to both clients and staff, hand washing pictures with explanations have been posted in the kitchen as well as all of the bathrooms. The topic of hand washing and overall infection control will be reviewed and discussed at the next house meeting on September 16, 2013 with staff. Additionally, the topic of hand washing and overall infection control will be reviewed and discussed with all the Orkney gentlemen at the next client meeting. In the future, during routine visits and observations, the QIDP, Program Coordinator and other LOGAN staff such as the Director of Residential, Director of Quality Assurance will make effort and ensure that hand washing and infection control practices are implemented on a consistent basis. Persons Responsible: Program Coordinator; Program Manager/QIDP</p>	09/22/2013	

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed to assure 4 of 4 sampled clients (clients #1, #2, #3, and #4) participated in meal preparation.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed at the group home during the 8/19/13 observation period from 3:15 P.M. until 5:30 P.M.. During the observation, House manager #1 and direct care staff #2 prepared the salad, barbecued ribs, gravy, and cut fruit and placed these items onto the table for clients #1, #2, #3, and #4's evening meal. Clients #1, #2, #3, and #4 were not prompted or assisted by House manager #1 or direct care staff #2 in preparing the salad, barbecued ribs, gravy, or cut fruit.</p> <p>Clients #1, #2, #3, and #4 were observed at the group home during the 8/20/13 observation period from 5:53 A.M. until 7:45 A.M.. During the observation, House manager #1 prepared toast and jelly for clients #1, #2, #3, and #4 as the clients sat around the dining room table talking about upcoming events. House manager #1 did not assist or prompt</p>	W000488	Each staff at this home has received additional training, examples, and signed off that they have been trained and understand the procedures of family style dining. Also included in this training was further discussion on ways to involve individuals in all different aspects of meal preparation based on their skill levels. Initial and on-going training in family style dining will be provided in order for staff to encourage choice making and independence with clients during meal preparation and at mealtimes. Persons Responsible: Program Coordinator; Program manager/QIDP	09/22/2013			

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	<p>clients #1, #2, #3, or #4 in preparing their own toast and jelly for the morning meal.</p> <p>Client #1's records were reviewed on 8/22/13 at 8:46 A.M.. A review of the client's 5/20/13 Comprehensive Functional Assessment indicated client #1 could assist with meal preparation.</p> <p>Client #2's records were reviewed on 8/22/13 at 9:17 A.M.. A review of the client's 5/24/13 Comprehensive Functional Assessment indicated client #2 could assist with meal preparation.</p> <p>Client #3's records were reviewed on 8/22/13 at 9:50 A.M.. A review of the client's 9/12/12 Comprehensive Functional Assessment indicated client #3 could assist with meal preparation.</p> <p>Client #4's records were reviewed on 8/22/13 at 10:27 A.M.. A review of the client's 5/8/13 Comprehensive Functional Assessment indicated client #4 could assist with meal preparation.</p> <p>House manager #1 was interviewed on 8/21/13 at 7:29 A.M. House manager #1 stated, "[Direct care staff #2] and I do most of the cooking."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on</p>			

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	8/22/13 at 11:07 A.M.. QIDP #1 indicated clients #1, #2, #3 and #4 could participate in the preparation of their own meals with verbal prompts or hand over hand assistance from direct care staff. 9-3-8(a)			