

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G793	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/01/2013
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NAME OF PROVIDER OR SUPPLIER  SPECTRUM COMMUNITY SERVICES OF INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 113 S 325 E VALPARAISO, IN 46385
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: April 5, 24, 29, 30 and May 1, 2013.</p> <p>Facility number: 012584 Provider number: 15G793 AIM number: 201018520</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed May 9, 2013 by Dotty Walton, 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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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, the facility failed for 3 of 3 clients residing at the group home (clients #1, #2 and #3), to provide assistance to exercise their rights by restricting access to the home's food pantry.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/5/13 from 7:20 A.M. until 10:00 A.M. During the entire observation, the food pantry closet located in the kitchen was locked.</p> <p>An evening observation was conducted at the group home on 4/22/13 from 6:00 P.M. until 7:00 P.M. During the entire observation, the food pantry closet located in the kitchen was locked</p> <p>An interview with Direct Support Professional (DSP) #4 was conducted at the group home on 4/22/13 at 6:45 P.M. DSP #4 indicated the food pantry door was locked at all times.</p>	W000125	The food pantry was unlocked upon noticing the locked door. Any foods that are to be used in moderation were placed in a different cabinet to allow time for staff to redirect the clients. Foods are available for consumption according to diet plans. Program Coordinator and Group Home Supervisor will be responsible for followup.	05/17/2013			

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	<p>A review of client #1's records were conducted on 4/26/13 at 1:15 P.M. The review failed to indicate the need for the food pantry to be restricted for client #1.</p> <p>A review of client #2's records were conducted on 4/26/13 at 2:20 P.M. The review failed to indicate the need for the food pantry to be restricted for client #2.</p> <p>A review of client #3's records were conducted on 4/26/13 at 3:05 P.M. The review failed to indicate the need for the food pantry to be restricted for client #3.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/30/13 at 12:25 P.M. The QIDP indicated food should not be locked away from clients, but sometimes the sugar has to be kept from client #3 because of his diabetes.</p> <p>9-3-2(a)</p>			

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W000249	<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 to implement written objectives during times of opportunity for 1 of 3 sampled clients (client #3.)</p> <p>Findings include:</p> <p>Client #3 was observed at the group home on 4/5/13 from 7:20 A.M. until 10:00 A.M. During the observation, client #3 stayed in his room the entire observation period. No implementation of written objectives was observed to be provided. Client #3 did not take his prescribed medications.</p> <p>An interview with Direct Support Professional (DSP) #3 was conducted on 4/5/13 at 9:50 A.M. DSP #3 indicated client #3 had refused his medication for 6 days. DSP #3 indicated client #3 had a training objective for taking his medications daily. DSP #3 further indicated staff did not redirect or prompt client #3 because he would have</p>	W000249	<p>The client in question refused all attempts to participate in his active treatment schedule, he was exercising his right to refuse. Team has discussed and continues to discuss ways to motivate the client to participate in his meaningful day. Behaviorist will followup during visits as to the effectiveness of behavior protocols to increase motivation of the client.****Team did meet to address refusals however the client is very much aware that this client is high functioning and chooses when he will participate. Team examined all previous treatment methods and the client does not respond to much. Again, this client is extremely high functioning and at times pathological. Additionally the client did state to his team members that he does not like to get up sometimes during the day and he has always done this. Staff did attempt active treatment during this survey however there is a point at which prompting will create behavior issues. The client also goes through a form of depression in the spring due to</p>	05/17/2013			

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	<p>behaviors.</p> <p>A review of client #3's records were reviewed on 4/26/13 at 3:05 P.M. A review of the client's record indicated a most current Individual Program Plan (IPP) dated 11/27/12. The IPP indicated, "Will assist staff in developing a monthly budget for his needs...Will review the importance of wearing clean clothing and demonstrate where he should put his clothing when dirty...Will participate in fire safety...Will take the opportunity to teach [client #3] about what steps to be taken for his safety...Will take his medications...Will learn the boundaries with peers...Will learn the importance of knife safety...Will learn about his diet (type two diabetes)."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/30/13 at 12:25 P.M. The QIDP indicated active treatment should be ongoing and training should be both formal and informal.</p> <p>9-3-4(a)</p>		<p>loosing both parents at a young age, this is also seen through collateral documentation. Anti-depresseants can only go so far and this client is resistant to community mental health counseling.</p>		

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 2 sampled clients (client #1), the facility's nursing services failed to reconcile doctor's orders with labels and Medication Administration Records (MAR).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/5/13 from 7:20 A.M. until 10:00 A.M. At 8:10 A.M., Direct Support Professional (DSP) #2 administered client #1's prescribed medications. DSP #2 administered client #1's "Reguloid Powder (laxative)...Loratadine (allergies) 10 mg (milligrams) tablet...Omeprazole (Gastroesophageal reflux disease) 20 mg capsule...Docusate (stool softener) 100 mg capsule...Quetiapine (mental disorder) 400 mg tablet...Amantadine (Parkinson's disease) 100 mg capsule...Gabapentin (seizures) 300 mg capsule...Haloperidol (psychosis) 5 mg tablet...Lamotrigine (Bipolar disorder) 200 mg tablet...Lithium Carbonate (Bipolar disorder) 600 mg capsule...Diazepam (muscle spasms)10 mg tablet...Fluticasone 50 mcg/micrograms (Nasal spray)." A review of the medication packet label and</p>	W000331	Nurse will reconcile medications and orders when they arrive at the group home. Staff will follow doctor recommendation for medication pass.Nurse will observe during nursing checks.****Health Care Coordinator, who oversees the nurse, will complete checks during visits to ensure that the nurse is reconciling with physician orders.	05/17/2013			

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	<p>the Medication Administration Record (MAR) dated 4/2013 was done at 8:35 A.M. The medication label indicated "Reguloid Powder...Take this product at least 2 hours before or 2 hours after your other medications." A review of the Medication Administration Record (MAR) and Physician's Order (P.O.) both dated 4/2013 was conducted on 4/5/13 at 8:25 A.M. The MAR and P.O. did not indicate how client #1's prescribed medications should be administered</p> <p>An interview with the facility's Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/30/13 at 12:25 P.M. When asked who checked the MAR, PO and medication packages to ensure the directives for administration matched, the QIDP stated: "Our nurse does."</p> <p>9-3-6(a)</p>			

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W000369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 2 clients observed during the morning medication administration (client #1), to ensure staff administered 1 of 13 of the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/5/13 from 7:20 A.M. until 10:00 A.M. At 7:40 A.M., client #1 was observed eating his breakfast which consisted of french toast, a boiled egg and coffee. At 8:10 A.M., Direct Support Professional (DSP) #2 administered client #1's prescribed medications. DSP #2 administered client #1's "Omeprazole 20 mg (milligram) capsule (Gastroesophageal reflux disease)."</p> <p>A review of the medication packet label and the Medication Administration Record (MAR) dated 4/2013 was done at 8:35 A.M. and indicated, "Omeprazole 20 mg capsule...1 capsule by mouth once daily before meals." Client #1 received his medication after he ate his breakfast.</p>	W000369	Staff will prompt and follow medication administration. If a medication is listed for a certain time medication pass, nurse will note when the medication should be given. Nurse will followup during nursing checks.****Health Care Coordinator, who oversees the nurse, will complete checks during visits to ensure that the nurse is reconciling with physician orders.	05/17/2013

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	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/30/13 at 12:25 P.M. The QIDP indicated client #1 should have been given his medication before eating his breakfast as prescribed by the physician. The QIDP further indicated staff should have followed the directions on the label.</p> <p>9-3-6(a)</p>			
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W009999	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-4 Active Treatment Services.</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to meet the active treatment needs pertaining to day services' programming for 3 of 3 clients residing at the group home (clients #1, #2 and #3).</p> <p>Findings include:</p>	W009999	Day programs in the area will not serve clients in this home due to past behavior issues. Annually Program Coordinator reapplies. BDDS wishes this policy to be enforced but will not approve or deny in home active treatment schedules. Program Coordinator will note in quarterly reports team feeling on the status of the clients day programming.	05/17/2013			

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	<p>Clients #1, #2 and #3 were observed at the group home on 4/5/13 from 7:20 A.M. until 10:00 A.M. During the observation, clients #1 and #2 sat in their bedrooms and watched television, walked around the group home and talked with group home staff. Client #3 stayed in his room the entire observation period. No alternative day service was observed to be provided.</p> <p>A review of client #1's records were reviewed on 4/26/13 at 1:15 P.M. A review of the client's record failed to indicate he attended day service.</p> <p>A review of client #2's records were reviewed on 4/26/13 at 2:20 P.M. A review of the client's record failed to indicate he attended day service.</p> <p>A review of client #3's records were reviewed on 4/26/13 at 3:05 P.M. A review of the client's record failed to indicate he attended day service.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 4/30/13 at 12:25 P.M. The QIDP indicated clients #1, #2 and #3 do not currently attend day services. The QIDP further indicated the facility was in the process of having them</p>						

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	attend day services.  9-3-4(b)(1)(2)			