

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/13/2014
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NAME OF PROVIDER OR SUPPLIER  LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 10, 11, 12, and 13, 2014</p> <p>Facility number: 000810 Provider number: 15G291 AIM number: 100249070</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 6/19/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<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. Based on record review and interview, the facility neglected to implement their abuse/neglect policy to immediately report to the administrator 2 of 2 reviewed abuse allegations which affected 1 of 4 additional clients (client #6).</p>	W000149	LOGAN Community Resources has policies and procedures that prohibit abuse, neglect, and exploitation. The facility makes every effort to assure that abuse, neglect and exploitation does not occur to the individuals in this facility to any resident. LOGAN continues to provide training to	07/13/2014

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>Findings include:</p> <p>The facility's records were reviewed on 6/10/14 at 1:30 P.M. A review of the facility's incident reports from 6/1/13 to 6/10/14 indicated the following two abuse allegations:</p> <p>- "Date: 03/08/2014, Date of Knowledge: 03/10/2014, On 3/10/14 management staff was (sic) made aware of inappropriate verbal interactions that have occurred between a client (client #6) and a staff person, (direct care staff #10). Another staff person, (direct care staff #12) reports that [client #6] has stated that [direct care staff #10] yells all the time and it bothers her. On 3/8/14, staff (direct care staff #12) encountered [client #6] crying and asked what was wrong. [Client #6] stated that she needed to tell the truth. [Direct care staff #12] then heard [direct care staff #10] yell at [client #6] from the kitchen that she (client #6) needed to tell the truth to her dad so you (client #6) will not get any of us (direct care staff) in trouble because we (direct care staff) haven't done anything to you (client #6). That you (client #6) need to tell the truth and stop lying. When [direct care staff #12] asked another staff working what happened, the other staff reported that [direct care staff #10] yelled</p>		<p>allincoming staff, annually to all staff and more often as needed, to allstaff. This training includesdefinitions of abuse, neglect and mistreatment, examples, how to prevent suchincidents and reporting procedures.</p> <p>During the investigation, staff received instruction anddirection about the requirement for immediate reporting whenever they suspectany form of abuse, neglect or exploitation. Shortly after the incident, theQIDP completed abuse, neglect and exploitation training with the group homestaff. This training included review of the agency policy, options forimmediate reporting as well as a competency based quiz that was completed. Staffdemonstrated an understanding of the policy and procedure and the requirementof immediate reporting. Policy and procedure was again reviewed on June 19, 2014at the house staff meeting and again staff acknowledged an understanding of thepolicy and procedure and the requirement for immediate reporting.</p> <p>In the future, quarterly training on the abuse, neglect andexploitation policy with examples will be provided to staff by the QIDP, orDirector of Residential Services, or the Director of Quality Assurance. A</p>				

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	<p>at [client #6] because she (client #6) told her dad in a phone call that she (client #6) had a problem with [direct care staff #10]. Plan to Resolve: [Direct care staff #12] did her best to console [client #6] and help her understand that it (sic) everything would be ok (sic). Once management staff was made aware of the situation, [direct care staff #10] was suspended immediately pending an investigation."</p> <p>- "Date: 02/13/2014, Date of Knowledge: 03/10/2014, On 3/10/14 management staff was (sic) made aware of inappropriate verbalizations that have occurred between a client (client #6) and another staff (direct care staff #11). The reporting staff, (direct care staff #12), states that (client #6) had been really agitated on a Sunday that she (direct care staff #12) worked with her (client #6). When [direct care staff #12] asked [client #6] what was wrong, [client #6] stated that [direct care staff #11] is being mean to her. The next Sunday that [direct care staff #12] worked with [direct care staff #11], [direct care staff #12] reports that [direct care staff #11] was yelling at [client #6] because she (client #6) didn't want to help with the lunch dishes and [direct care staff #11] told her (client #6) to go to her room. [Direct care staff #12] also reports that later that same day</p>		<p>competency based quiz will be utilized to make every effort to ensure staff understand the policy and procedure and thereporting requirements.</p> <p>Program Coordinator QIDP Director of Quality Assurance Director of Residential Services</p>				

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	<p>[client #6] was on the couch dosing (sic) off and [direct care staff #11] told her (client #6) to go to bed. When [client #6] stated that she did not want to, the staff (direct care staff #11) told her that she (direct care staff #11) did not care what she (client #6) wanted to do and had to go to her (client #6's) room if she wanted to sleep. The other staff, (direct care staff #12) assured [client #6] that she did not have to go to her room and that she could stay in the living room. Plan to Resolve: [Direct care staff #12] did her best to make [client #6] feel comfortable and assured her that it was okay for her to stay in the living room. Once management staff was made aware of the situation, [direct care staff #11] was suspended immediately pending an investigation."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/11/14 at 2:09 P.M. QIDP #1 stated, "Both incidents were not reported immediately by [direct care staff #12]. All staff working at the group home have been re-trained on the policy to report abuse allegations immediately."</p> <p>The facility's records were reviewed on 6/12/14 at 4:03 P.M. Review of the facility's "Abuse, Neglect, or Exploitation Policy", dated 9/24/13, indicated, in part,</p>			

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W000153	<p>"Any employee who has reason to believe or suspect abuse, neglect, or exploitation of an individual receiving [facility] services shall report all pertinent information to an administrator in accordance with the Internal Incident Reports Policy." Review of the facility's "Internal Incident Reports Policy", dated 9/24/13, indicated, in part, ". . . allegations of abuse, neglect, exploitation, or violation of individual rights; elopement for program; damage or loss of property ; building security; etc. will be promptly reported . . ."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed to assure direct care staff immediately reported to the administrator 2 of 2 reviewed abuse allegations which affected 1 of 4 additional clients (client #6) in</p>	W000153	LOGAN Community Resources has policies and procedures that prohibit abuse, neglect, and exploitation. The facility works diligently to assure that abuse, neglect and exploitation does not occur to the individuals in this	07/13/2014	

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	<p>accordance with state law.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 6/10/14 at 1:30 P.M. A review of the facility's incident reports from 6/1/13 to 6/10/14 indicated the following two abuse allegations:</p> <p>- "Date: 03/08/2014, Date of Knowledge: 03/10/2014, On 3/10/14 management staff was (sic) made aware of inappropriate verbal interactions that have occurred between a client (client #6) and a staff person, (direct care staff #10). Another staff person, (direct care staff #12) reports that [client #6] has stated that [direct care staff #10] yells all the time and it bothers her. On 3/8/14, staff (direct care staff #12) encountered [client #6] crying and asked what was wrong. [Client #6] stated that she needed to tell the truth. [Direct care staff #12] then heard [direct care staff #10] yell at [client #6] from the kitchen that she (client #6) needed to tell the truth to her dad so you (client #6) will not get any of us (direct care staff) in trouble because we (direct care staff) haven't done anything to you (client #6). That you (client #6) need to tell the truth and stop lying. When [direct care staff #12] asked another staff working what happened, the other staff</p>		<p>facility to any resident. LOGAN continues to provide training to all incoming staff, annually to all staff, and more often as needed, to all staff. This training includes definitions of abuse, neglect and mistreatment, examples, how to prevent such incidents and the required reporting procedures. During the investigation, staff received instruction and direction emphasizing the requirement for immediate reporting whenever they suspect any form of abuse, neglect or exploitation. Shortly after the incident, the QIDP completed abuse, neglect and exploitation training with the group home staff. This training included review of the agency policy, definitions of different types of abuse and options for immediate reporting. A competency based quiz that was also completed with the staff. Staff demonstrated an understanding of the policy and procedure and the requirement for immediate reporting. Training was also completed again on June 19, 2014 at the house staff meeting and again staff acknowledged an understanding of the policy and procedure and the requirement for immediate reporting. In the future, quarterly training on the abuse, neglect and exploitation policy with examples will be provided to staff by the QIDP, or Director of Residential Services, or the Director of Quality Assurance. A</p>		

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	<p>reported that [direct care staff #10] yelled at [client #6] because she (client #6) told her dad in a phone call that she (client #6) had a problem with [direct care staff #10]. Plan to Resolve: [Direct care staff #12] did her best to console [client #6] and help her understand that it (sic) everything would be ok (sic). Once management staff was made aware of the situation, [direct care staff #10] was suspended immediately pending an investigation."</p> <p>- "Date: 02/13/2014, Date of Knowledge: 03/10/2014, On 3/10/14 management staff was (sic) made aware of inappropriate verbalizations that have occurred between a client (client #6) and another staff (direct care staff #11). The reporting staff, (direct care staff #12), states that (client #6) had been really agitated on a Sunday that she (direct care staff #12) worked with her (client #6). When [direct care staff #12] asked [client #6] what was wrong, [client #6] stated that [direct care staff #11] is being mean to her. The next Sunday that [direct care staff #12] worked with [direct care staff #11], [direct care staff #12] reports that [direct care staff #11] was yelling at [client #6] because she (client #6) didn't want to help with the lunch dishes and [direct care staff #11] told her (client #6) to go to her room. [Direct care staff #12]</p>		<p>competency based quiz will be utilized to make every effort to ensure staff understand the policy and procedure and the reporting requirements. Program Coordinator QIDP Director of Quality Assurance Director of Residential Services</p>	

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	<p>also reports that later that same day [client #6] was on the couch dosing (sic) off and [direct care staff #11] told her (client #6) to go to bed. When [client #6] stated that she did not want to, the staff (direct care staff #11) told her that she (direct care staff #11) did not care what she (client #6) wanted to do and had to go to her (client #6's) room if she wanted to sleep. The other staff, (direct care staff #12) assured [client #6] that she did not have to go to her room and that she could stay in the living room. Plan to Resolve: [Direct care staff #12] did her best to make [client #6] feel comfortable and assured her that it was okay for her to stay in the living room. Once management staff was made aware of the situation, [direct care staff #11] was suspended immediately pending an investigation."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/11/14 at 2:09 P.M. QIDP #1 stated, "Both incidents were not reported immediately by [direct care staff #12]. All staff working at the group home have been re-trained on the policy to report abuse allegations immediately."</p> <p>9-3-2(a)</p>			
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W000376	<p>483.460(k)(8) DRUG ADMINISTRATION The system for drug administration must assure that drug administration errors and adverse drug reactions are reported immediately to a physician. Based on record review and interview, the facility failed to have evidence of immediately reporting a medication error to the physician for 1 of 4 sampled clients (client #2).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 6/10/14 at 1:30 P.M. A review of incident reports from 6/1/13 to 6/10/14 indicated the following medication error:</p> <p>-"Incident Date: 06/01/2014, Narrative: On 6/1/14, (unknown direct care staff) failed to pass a medication to [client #2] at 11:30am. [Client #2] is to receive Repaglinide (medication for high blood sugar) 1mg (milligram) 15-20 minutes before meals. The staff failed to pass the medication and [client #2] ate her lunch without the medication. Plan to Resolve: The emergency on-call (facility emergency contact) was contacted. Staff</p>	W000376	<p>All prescribed medications in the home are to be administered per doctor's orders and prescription. Administration errors and adverse drug reactions will be reported immediately to a physician. There is a procedure in place for the group home staff to contact the emergency on-call when a medication administration error occurs. The emergency on-call procedure involves immediately notifying the nurse who will immediately contact the physician and then ensure all further instruction and follow up is completed to resolve the medication administration error. Direct care staff, on-call staff and nurse staff will receive documented re-training regarding this procedure. In the future, the on-call notification procedure will be followed by staff whenever there is a medication administration error. Verbal contact/communication will be made with the nurse so that the nurse can make contact the primary care or prescribing</p>	07/13/2014

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W000440	<p>were instructed to complete a medication incident report, monitor [client #2] for any difficulties she may have and to ensure that she (client #2) got the next prescribed dose before supper. Staff will receive training on appropriate procedures for passing medications on Friday June 13, 2014."</p> <p>A "Medication Incident Report" for the 6/1/14 medication error was reviewed on 6/11/14 at 8:12 A.M. The review failed to indicate client #2's physician was notified of the 6/1/14 medication error.</p> <p>Nurse #1 was interviewed on 6/11/14 at 9:47 A.M. Nurse #1 stated, "[client #2's] physician was not notified of the (6/1/14) medication error."</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills during the day shift (6:00 A.M. to 2:00 P.M.) for staff during the fourth quarter of 2013 (October 1st through</p>	W000440	<p>physician in atimely manner. The nurse will document notification with the doctor as well as any further instructions given to ensure implementation of the resolution of the medication administration error. QIDP Nurse Director of Nursing</p> <p>The facility will conduct evacuation drills on a quarterly basis for each shift of personnel. There is a schedule in place at the group home and staff are assigned to run drills on specific days and shifts. If the drills are</p>	07/13/2014

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W000455	<p>December 31st) which affected 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients living in the facility (clients #5, #6, #7, and #8.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 6/10/14 at 2:12 P.M. The review failed to indicate the facility held an evacuation drill for staff during the day shift during the fourth quarter of 2013. This affected clients #1, #2, #3, #4, #5, #6, #7, and #8 who lived in the facility.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/11/14 at 2:09 P.M. When asked if the facility had any additional evacuation drills for review, QIDP #1 stated, "That's all there are."</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p>		<p>missed the staff will make up the missed drill as soon as possible. The group home Program Coordinator is responsible to monitor this schedule to ensure drills are completed. The drills are also tracked by the group living administrative assistant and a report is generated. This report is distributed to both the Program Coordinator and the QIDP. The QIDP will meet with the Program Coordinator and review the schedule for drills for all shifts and the assignment procedure for conducting drills on all shifts for each quarter. Attention will focus on the day shift evacuation drills being completed on a quarterly basis for all clients. A day shift evacuation drill will be completed. In the future, the QIDP will monitor the generated report that list the drills that have been run more closely and provide direction and instruction to the Program Coordinator and staff to run drills on shifts where there are missing drills. Person Responsible: Program Coordinator, QIDP, Group Living Administrative Assistant</p>	

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	<p>Based on observation and interview, the facility failed to assure 1 of 4 sampled clients (client #3) washed her hands after toileting and prior to packing her lunch.</p> <p>Findings include:</p> <p>Client #3 was observed during the group home observation period on 6/10/14 from 3:28 P.M. until 5:05 P.M. At 4:02 P.M., client #3 toileted herself and exited the bathroom. Upon exiting the bathroom, direct care staff #3 stated, "[Client #3], come with me and let's pack your lunch." Client #3 followed direct care staff #3 to the kitchen and began packing her lunch. Direct care staff #3 did not prompt or assist client #3 to wash her hands upon exiting the bathroom and prior to packing her lunch.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/11/14 at 2:09 P.M. QIDP #1 stated, "Staff (direct care staff #3) should have assured (client #3) washed her hands after exiting the bathroom and before packing her (client #3's) lunch."</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. Staff received documented training on the topic of hand washing and overall infection control on June 19, 2014. Training included staff role modeling good hand washing behavior to clients as well referring to the pictures with verbal reminders to clients to wash their hands after using the bathroom and prior to eating or handling food. In the future, all staff will receive refresher training, at least annually, on hand washing, infection control and taking advantage of training opportunities with clients to wash their hands leading to the promotion of infection control. During unannounced and unannounced visits management staff will watch for, remind and demonstrate hand washing to staff and client in effort to promote good hygiene and infection control. Persons Responsible: Program Coordinator, QIDP, Director of Residential Services, Director of Quality Assurance</p>	07/13/2014			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/13/2014
NAME OF PROVIDER OR SUPPLIER  LOGAN COMMUNITY RESOURCES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601		
(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	