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 10/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOGAN COMMUNITY RESOURCES INC	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
W 0000 Bldg. 00	This visit was for the investigation of complaint #IN00181260. COMPLAINT #IN00181260: Unsubstantiated, due to lack of sufficient evidence. Unrelated deficiencies cited. Dates of Survey: October 19 and 20, 2015 Facility number: 000688 Provider number: 15G679 AIM number: 10023470 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/27/15.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the facility's governing body failed to	W 0104	W104	11/19/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1917 WALNUT ST SOUTH BEND, IN 46616	

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	exercise general operating direction over the facility by failing to ensure the carpeting in the facility was clean and in good repair for 4 of 4 sampled clients (clients A, B, C, and D), and 4 of 4 additional clients (clients E, F, G, and H). Findings include: The group home where clients A, B, C, D, E, F, G, and H resided was inspected during the 10/20/15 observation period from 7:04 A.M. until 8:03 A.M. Carpeting in the north and south living rooms of the facility had large black stains in front of the couches and chairs. Areas of the carpeting near doorways were worn and frayed. These areas of the facility were utilized by clients A, B, C, D, E, F, G, and H. Direct care staff #1 was interviewed on 10/20/15 at 8:04 A.M. When asked about the large stains and worn areas of the carpeting in the north and south living rooms, direct care staff #1 stated, "It's hard to keep the carpet clean. It's old and worn. I think it was last cleaned about six months ago." QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/20/15 at 8:59 A.M. QIDP #1 stated, "The carpet is in need of replacement and		The facility does exercise general operating direction over its homes and regularly schedules carpet cleaning based on the daily use and traffic on the carpet. There is a plan in place to replace the carpeting but had not been implemented the day of the observation. The materials to replace the carpeting have been ordered and the installation scheduled to take place in early November and by November 19, 2015. In the future, the facility will continue to maintain carpet and flooring by scheduling regular cleanings as dictated by wear and tear. Carpeting and flooring will be replaced when it can no longer benefit from cleaning in a timely manner. Persons Responsible: Director of Maintenance Director of Residential Services	

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	15G679		10/20/2015

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	we (the facility) are in the process of getting it (the carpet) taken care of." 9-3-1(a)			
W 0382 Bldg. 00	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview, the facility failed to ensure medications were locked except when they were being prepared for administration for 4 of 4 sampled clients (clients A, B, C, and D), and 4 of 4 additional clients (clients E, F, G, and H). Findings include: Clients A, B, C, D, E, F, G, and H were observed during the group home observation period on 10/20/15 from 7:04 A.M. until 8:03 A.M. At 7:13 A.M., direct care staff #2 was preparing medications and left the medication room to get client G. Medications belonging to client E were left unsecured on the desk as direct care staff #1 left the medication room. The unlocked and unsecured medications were accessible to clients A, B, C, D, E, F, G, and H.	W 0382	W382 The facility has procedures and protocol that states all drugs and biologicals remain locked unless being prepared for administration. The individual who left the medication room and did not secure and lock the medication will attend the Medication Training Core Curriculum A and B on Nov. 9th & 10th 2015. All staff at the Walnut home will receive a review with documentation regarding the principles of administering medications which includes keeping medication locked and secured when not preparing for administration. Once the individual completes the Medication Training Core Curriculum again, the Program	11/19/2015

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	QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/20/15 at 8:59 A.M. QIDP #1 stated, "Medications are to be locked when they are not being administered." 9-3-6(a)		Coordinator will observe the next 3 medication administration pass this individual completes to ensure all steps and principles are implemented in an effective manner. Additionally, the Program Coordinator will observe and provide direction/feedback, as needed, during a daily medication pass at least three times a week for a four week period. The nurse will observe medication pass on a weekly basis, and the Program Manager/QIDP will observe a medication pass on a weekly basis for the next two weeks and provide direction/feedback, as needed. In the future, the nurse, the Program Manager/QIDP, and Program Coordinator will complete announced and unannounced visits on a weekly and/or monthly basis and observe medication administration passes at various times during the day. Observations will focus on ensuring medication is locked when not being prepared and staff leave the medication room as well as to ensure all principles and steps are completed in an effective manner. Persons Responsible: Program Coordinator Program Manager/QIDP	

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			Nurse	